Strategic Prevention Framework
State Incentive Grant

Iowa Strategic Plan

September 2010

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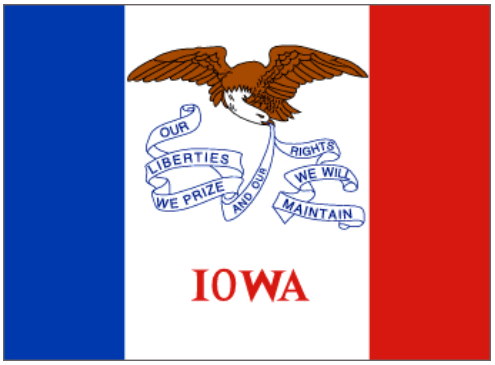


This document was developed under the guidance and approval of the Iowa SPF SIG Advisory Council. This grant project is funded through the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA CSAP)

IDPH
Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

List of Abbreviations

ABD	Alcohol Beverage Division
AC4C	Alliance of Coalitions for Change
ATOD	Alcohol, Tobacco, and Other Drugs
BAC	Blood Alcohol Content
BRFSS	Behavioral Risk Factor Surveillance System
CADCA	Community Anti-Drug Coalitions of America
CAPT	Centers for the Application of Prevention Technologies
CDC	Centers for Disease Control and Prevention
CHNA-HIP	Community Health Needs Assessment - Health Improvement Plan
CJJP	Criminal and Juvenile Justice Planning, Iowa Department of Human Rights
CLI	Community Level Instrument
CRET	Central Regional Expert Team
CSAP	Center for Substance Abuse Prevention
DFC	Drug-Free Community
DHS	Iowa Department of Human Services
DOE	Iowa Department of Education
DOT	Iowa Department of Transportation
DPAC	Drug Policy Advisory Council
DPS	Iowa Department of Public Safety
DUI	Driving Under the Influence
EBP	Evidence-Based Practice
EUDL	Enforcing Underage Drinking Laws
GLI	Grantee Level Instrument
GPRA	Government Performance and Results Act
IBC	Iowa Board of Certification
IDPH	Iowa Department of Public Health
I-SMART	Iowa Service Management and Reporting Tool
IYS	Iowa Youth Survey
IC&RC	International Certification & Reciprocity Consortium
MCTC	Midwest Counterdrug Training Center
MDS	Minimum Data Set
MRT	Management Reporting Tool
NOMs	National Outcome Measures
NSDUH	National Survey on Drug Use and Health
ODCP	Governor's Office of Drug Control Policy
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OMMH	Office of Minority and Multicultural Health, Iowa Department of Public Health
OWI	Operating While Intoxicated
PIRE	Pacific Institute for Research and Evaluation
PLI	Participant Level Instrument
RFA	Request for Applications
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SAPT	Substance Abuse Prevention Training

SOMs	State Outcomes Measures
SPF SIG	Strategic Prevention Framework State Incentive Grant
SSA	Single State Authority
TEDS	Treatment Episode Data Set
UCR	Uniform Crime Report

Table of Contents

Introduction

On behalf of Iowa's Strategic Prevention Framework State Incentive Grant Advisory Council, the Division of Behavioral Health at the Iowa Department of Public Health (IDPH) is pleased to present this Iowa Strategic Plan for substance abuse prevention through the Strategic Prevention Framework State Incentive Grant (SPF SIG). The Strategic Plan will serve as the guiding document for development and implementation of community and state-level substance abuse prevention programs, policies and practices to be funded through Iowa's Strategic Prevention Framework State Incentive Grant (SPF SIG) from the Center for Substance Abuse Prevention (CSAP). The Strategic Plan identifies and addresses Iowa's substance use prevention priorities as determined by the Advisory Council:

1. reduce underage alcohol use, and
2. reduce adult binge drinking.

The SPF SIG Advisory Council and IDPH believe that the principles included in the Strategic Plan will be infused into Iowa's broader substance abuse prevention system.

The Strategic Plan was developed by the SPF SIG Project Team at the direction of and with guidance, oversight and approval from the SPF SIG Advisory Council. The Project Team consists of the following IDPH staff and consultants:

- Project Director
- Epidemiologist
- Project Coordinator
- Division Director
- Bureau Chief
- Prevention Consultant

In developing the Strategic Plan, the Advisory Council and IDPH sought input from substance abuse prevention stakeholders statewide. In particular, a State Epidemiological Workgroup (SEW) was convened to examine data related to substance use and substance use consequences in Iowa to identify potential need areas to be addressed through the SPF SIG process. IDPH also contracted with the Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) at the University of Iowa for their expertise in evaluating substance abuse prevention and providing technical assistance on prevention evaluation. Advisory Council members, Project Team staff, consultants, SEW members, and Consortium staff have all contributed to this Strategic Plan. A complete listing of contributors is provided in Appendix A.

The Substance Abuse Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention envisions "a life in the community for everyone" and focuses on the mission of "building resilience and facilitating recovery." SAMHSA strives to achieve its mission through programs supported by three goals: accountability, capacity and effectiveness. SAMHSA adopted the Strategic Prevention Framework (SPF) process and awards Strategic Prevention Framework State Incentive Grants to implement the SPF process through partnerships between states/tribes and communities.

According to CSAP, the SPF SIG characteristics include:

- Use of data-driven decision-making
- Focus on outcome-based prevention
- Community level change
- Lifespan focus
- Implementation of evidence-based programs, policies and practices
- Strengthening state/tribe and community infrastructure
- Prevention of substance use and related consequences, including underage drinking

Iowa will address all five SPF steps: assessment, capacity, planning, implementation and evaluation. Inherent within each step is cultural competency and sustainability. Each step is explained further below and throughout the Strategic Plan.

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. A key component of the SPF SIG is the State Epidemiological Workgroup (SEW). The SEW spearheads the data collection process and organizes data by consumption and consequences. It is also responsible for defining the problems and the underlying factors to be addressed. Well-collected assessment data improves the effectiveness of the other SPF steps. Assessing resources includes cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the state and in communities. This step also involves an assessment of readiness and leadership to implement policies, programs and practices.

Capacity involves the mobilization of resources within the state or community. A key aspect of capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, capacity should include a focus on sustainability as well as evaluation capacity.

Planning involves the development of a strategic plan to address the priority problems identified in the assessment step of the SPF. It includes evidence-based policies, programs, and practices that create a logical, data-driven plan to address the problems identified in the assessment step of the SPF. The planning process produces goals, objectives, and performance measures as well as logic models and action plans. This step also includes the creation of an evaluation plan.

Implementation involves taking action guided by the strategic plan created in the planning step of the SPF. The step includes the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Evaluation involves measuring the impact of the SPF and the outcomes of implemented evidence-based programs, policies, and practices. An important part of the process is identifying areas for improvement. This step also emphasizes sustainability since it involves measuring the outcomes of the implemented policies, programs, and practices. Evaluation includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the strategic plan, relevant action plans, and measures.

Cultural competence is important for eliminating disparities in prevention services offered to people of diverse racial, ethnic and linguistic backgrounds, gender and sexual orientation as well as those with disabilities. Cultural competence improves the effectiveness of programs, policies and practices selected for targeted populations.

Sustainability is vital to ensuring that SPF processes and outcomes are firmly established, that partnerships are strengthened, that financial and other resources are secured over the long term.

Executive Summary

The Iowa Department of Public Health, Division of Behavioral Health (IDPH), is the Single State Authority for the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and is responsible for the oversight of substance abuse prevention services funded through the SAPTBG and through State of Iowa appropriations. IDPH contracts with 18 community-based agencies to provide comprehensive substance abuse prevention in 23 service areas that together encompass all 99 Iowa counties.

In 2006, IDPH received federal funding from the Center for Substance Abuse Prevention (CSAP) to establish a State Epidemiological Outcome Workgroup (SEOW). CSAP is part of SAMHSA, the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services. The responsibilities of the SEOW included the collection, analysis and dissemination of public health data on the incidence, prevalence, patterns and consequences of alcohol, tobacco and other drugs (ATOD).

In 2009, Iowa was a member of the fourth cohort of states to receive a Strategic Prevention Framework State Incentive Grant (SPF SIG) from CSAP. The SPF SIG is a five-year cooperative agreement to transform Iowa's substance abuse prevention infrastructure. Eighty-five percent of the SPF SIG funds IDPH receives will go to local, community-based prevention efforts. The SPF SIG infrastructure is led by an Advisory Council and includes a State Epidemiological Workgroup (SEW).

The SPF SIG cooperative agreement incorporates an array of supports and technical assistance to local sub-recipients to build a foundation for delivering and sustaining effective substance abuse prevention services, both at the community level and statewide. The goals of the SPF SIG are to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking
- Reduce substance abuse-related problems in the community
- Build prevention capacity and infrastructure at the state and community levels

During the first year of the SPF SIG, the SEW will play a valuable role in providing data to the SPF SIG Advisory Council through an Epidemiological (EPI) Profile. This data and other information as determined by the Advisory Council will be used by the Advisory Council to establish SPF priorities and related decisions.

The SPF SIG will make funding available to sub-recipients to build capacity as well as to implement effective substance abuse prevention efforts related to the SPF priorities. These priorities, as determined by the Advisory Council, are to:

- Reduce underage alcohol use (under the age of 21)
- Reduce adult binge drinking (18 years and older)

For SPF SIG purposes, the Advisory Council defined "community" as a county in Iowa. To determine the counties to which SPF SIG funding would be allocated, the Advisory Council used a needs-based model, referred to as the Highest Need Model. The Advisory Council adopted indicators and data sources recommended by the SEW to identify and rank all 99 Iowa counties according to documented need. The Advisory Council used the ranking to direct SPF SIG funding to the highest need counties. Funding will be distributed to counties through county-specific amendments to current comprehensive substance abuse prevention contracts. Community-based agencies and coalitions in each funded county will submit a joint plan for local implementation of SPF SIG activities that specifies the scope of work to be done by each agency and/or coalition and the portion of county funding each agency/coalition will receive. Using the contract amendment approach that requires submission of a joint plan by established county stakeholders supports collaboration at the local level and eliminates the time-consuming and competitive nature of a Request for Proposal (RFP) process and will be an innovation to the prevention system.

Iowa's SPF SIG will support an array of services by prevention agencies, coalitions, state agencies, and other partners to:

- Build a foundation for delivering and sustaining effective substance abuse prevention services
- Develop a strategic plan to enhance the infrastructure and service delivery system
- Enhance prevention capacity and infrastructure at the state and community levels
- Delay the onset and reduce the progression of substance abuse including childhood and underage drinking

This Strategic Plan provides the details for implementation of the SPF SIG cooperative agreement in the State of Iowa.

Iowa Strategic Plan
Strategic Prevention Framework State Incentive Grant

In 2006, the Iowa Department of Public Health (IDPH) received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) to support a State Epidemiological Outcome Workgroup (SEOW). The IDPH Division of Behavioral Health is Iowa's Single State Authority for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and associated state appropriations. IDPH administered the funding and activities of the SEOW. In the first year of the SEOW process, an epidemiological team was formed to assess, analyze, interpret and communicate data about Iowa substance consumption patterns and consequences. The two major products resulting from the first year of the SEOW were the State Epidemiological Profile and system plans for ongoing data collection for monitoring prevention.

In July 2009, Iowa received a Strategic Prevention Framework State Incentive Grant (SPF SIG). Within the SPF SIG project, the SEOW will evolve and become the State Epidemiological Workgroup (SEW). The SPF SIG will support an array of activities through local sub-recipients as well as build on the current foundation for delivering and sustaining effective substance abuse prevention services.

ASSESSMENT

Epidemiology of Substance Use and Consequences in Iowa

During the summer and fall of 2006, the SEOW created a separate Data Task Force to identify, analyze and select indicators in Iowa's Epidemiological Profile. This smaller Data Task Group acted as a sub-group of the SEOW, with added members from existing data committee working with Iowa Collaboration for Youth Development. The Data Task Group forwarded their findings and recommendations to the SEOW, which made final decisions about the data to be included in the Epidemiological Profile. The Data Task Group was comprised of individuals with extensive experience in using specific state and federal-level data collection processes and data sets, including representatives from:

- Iowa Consortium for Substance Abuse Research and Evaluation (Consortium)
- Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning,
- Iowa Department of Public Health
- Iowa Department of Public Safety, Governor's Traffic Safety Bureau

The SEOW decided to emphasize applicable National Outcome Measures (NOMs) in the list of epidemiological indicators. An extensive list of 300 potential indicators was created from indicators used by other states involved in the SPF SIG process and from the Iowa Data Task

Group recommendations. The SEOW developed criteria as a guideline for selecting indicators to be included in the profile. The following criteria were used in the selection process:

- Data available at state level;
- Sample covers all geographic areas;
- Sample covers age range;
- Data collected at least every two years;
- Measures directly related or strongly associated with Alcohol, Tobacco or Other Drug (ATOD) use;
- Data pertain to consumption or consequence; and
- Datasets have adequate sample size.

After the master indicators list was complete and the selection criteria developed, the Data Task Group began to select indicators for the epidemiological profile. The indicator selection process lasted two months, culminating in the Data Task Group's assistance in securing state-level data. Most of the indicators were discarded for at least one the following reasons:

- No useful data source was available;
- Significant problems existed with the data source, such as inadequate sample size; unavailability of raw data and inconsistent reporting, and
- A lack of strong relationship or association between ATOD use and a given consequence.

The Data Task Group categorized the indicators according to consumption or consequences for alcohol, tobacco and illicit drug use and rejected some national datasets that were not representative of Iowa because of small or replacement population samples. The Data Task Group decided to focus on state-level datasets which the group determined to be more representative. The key sources of data are displayed below:

Table 1: Data Sources

Source	Data	Years
Behavioral Risk Factor Surveillance System (BRFSS) - CDC	• 30-day alcohol use • percent reporting 30-day binge drinking • 30-day heavy drinking	2006-2008
Iowa Youth Survey (IYS) - IDPH	• age of first use – alcohol • percent reporting 30-day alcohol use • percent reporting 30-day binge drinking • percent reporting 30-day driving after drinking alcohol or other drugs • percent reporting first use of cigarette before age 13 • percent reporting 30-day cigarette use • percent reporting great to moderate perception of risk – cigarettes • percent reporting first use of marijuana before age 13	2008
National Survey on Drug Use and Health (NSDUH) - SAMHSA	• perception of risk - alcohol (adults) • percent reporting 30-day tobacco use (adults) • percent reporting 30-day cigarette use (adults) • percent reporting great to moderate perception of risk - cigarettes (adults) • percent reporting perceptions of great risk of smoking one or more packs of cigarettes per day (youth 12-17) • percent reporting 30-day illicit drug (12 and older) • percent reporting 30-day marijuana use (12 and older) • percent reporting 30-day illicit drug use other than marijuana (12 and older) • percent reporting great to moderate perception of risk - marijuana (adults) • percent reporting past month marijuana use • percent reporting past month illicit drug dependence or abuse (adults)	2006-2007
Project Electronic Access System for Iowa Education Records (EASIER) - DOE	• school suspensions/expulsions due to alcohol and drugs	2005-2008
Treatment Episode Data Set (TEDS)	• primary substance of use upon entry into treatment (rate per 100,000)	2008
Uniform Crime Report (UCR) - FBI	• drunkenness arrests • liquor law arrests	2003-2009
Uniform Crime Report (UCR) - Iowa	• liquor law arrests • drunkenness (rate per 100,000) • drug arrests (rate per 100,000)	2008
Vital Records - IDPH	• lung cancer deaths (rate per 100,000)	2008

Below is information on various indicators from the Iowa Epidemiological Profile. These indicators were selected to represent that body of work, which can be viewed in its entirety in Appendix C.

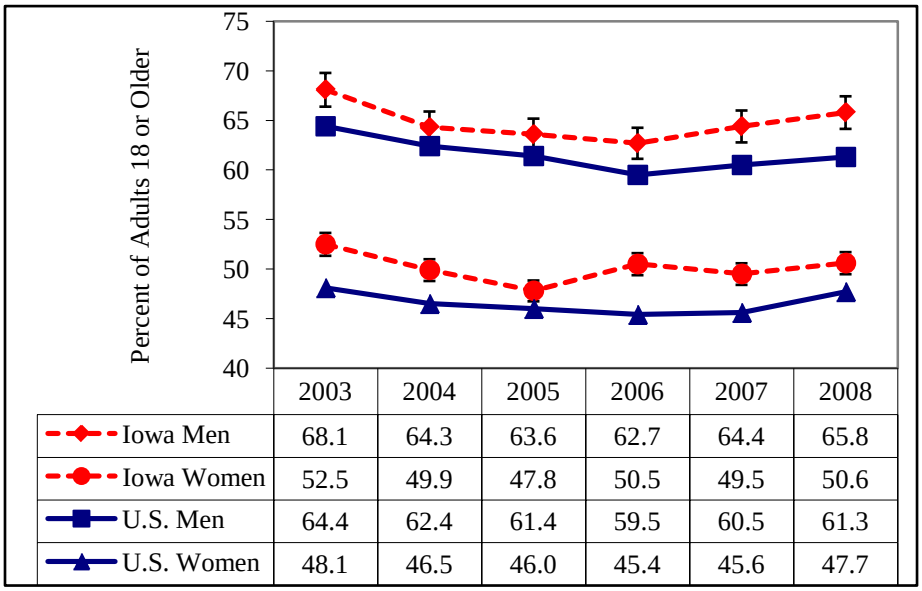
Alcohol

Adult Consumption Patterns

Alcohol is the substance most frequently used by adults and youth in Iowa and across the United States. Of Iowans 12 years of age and older, 52.6% had consumed at least one alcoholic drink in the past 30 days (2006-07 NSDUH). NSDUH data estimates that 27.5% of Iowans 12 years old and older had consumed more than 5 drinks of alcohol in one sitting during the past month. This is significantly higher than the national rate of 23.1%. The 2006-2007 NSDUH reported that 36.2% of Iowans felt that five or more drinks of alcohol once or twice a week was a great risk. The Iowa risk perception rate was 6.5% lower than the national rate of 42.1%, suggesting that alcohol use is not deemed to be as high of a risk by Iowans as it is by other Americans. Alcohol is the most reported substance of use by individuals on admission to Iowa substance abuse treatment services, reinforcing alcohol as the primary substance of use in Iowa. As revealed by Treatment Episode Data Set (TEDS), Iowans receiving treatment in 2008 reported alcohol as their most used substance at 55%, followed by marijuana at 25%, amphetamine and/or methamphetamine at 10% and cocaine at 6%. These data reflect only the primary substance of use at admission; additional substances are not included. These data demonstrate Iowa's large problem with alcohol use.

In 2008, 58% of Iowa adults had consumed alcohol in the past month as reported in the BRFSS; a rate that is higher than the national rate of 54.5% (Figure 1). More Iowa men than women reported current (past 30-day) alcohol use, which is similar to the national trends. Estimates based on the 2008 BRFSS show a significant difference in usage rates for men and women between the Iowa and national levels. It is estimated that 65.8% of Iowa male residents 18 years of age or older had used alcohol during the past month compared to less than 62% of men across the nation as a whole. The comparison for women is 50.6% for Iowa and 47.7% for the nation. The age groups in Iowa that reported the highest percent of past 30-day alcohol use were 25-34 year olds and 35-44 year olds, with both groups higher than the corresponding national rates (Figure 1).

Figure 1: Alcohol Use in Past 30 Days, BRFSS



	2003	2004	2005	2006	2007	2008
Iowa Men	68.1	64.3	63.6	62.7	64.4	65.8
Iowa Women	52.5	49.9	47.8	50.5	49.5	50.6
U.S. Men	64.4	62.4	61.4	59.5	60.5	61.3
U.S. Women	48.1	46.5	46.0	45.4	45.6	47.7

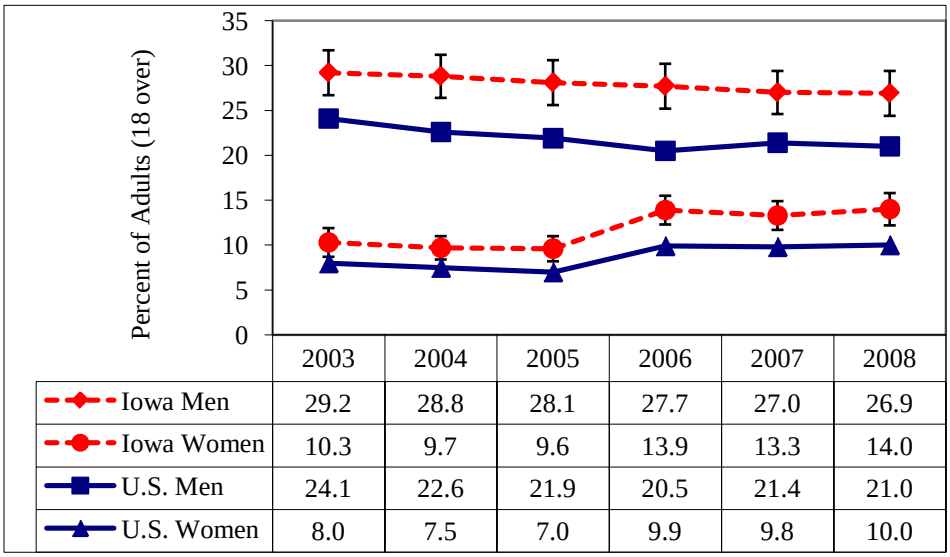
Note: Confidence intervals allow comparison of Iowa and U.S

Table 2: Percent Reporting Past-30-Day Alcohol Use by Age, BRFSS 2006-2008

Area and Year	Age					
	18-24	25-34	35-44	45-54	55-64	65+
Iowa 2006	56.0	67.0	66.5	60.7	55.1	34.3
Iowa 2007	52.7	69.2	66.7	61.5	55.3	36.1
Iowa 2008	54.0	70.0	67.2	61.5	54.9	39.2
U.S. 2006	51.6	57.8	57.8	55.9	50.1	38.2
U.S. 2007	52.6	58.0	58.2	55.8	50.8	39.4
U.S. 2008	49.9	60.5	60.5	58.5	53.5	40.7

Binge drinking, according to the BRFSS, is significantly higher in Iowa than in the United States (Figure 2). The binge drinking rate for Iowa males was greater than the national rate (27% vs. 21%) and also for females (14% vs. 10%). The wording of the binge drinking question was changed in 2006 which lowered the number of drinks from five to four per occasion to be considered a binge drinking episode for women. All age groups except those 18-24 years old and 65 and older had a higher binge drinking rate than the national rates.

Figure 2: Percent of Adults Binge Drinking in Past Month, BRFSS



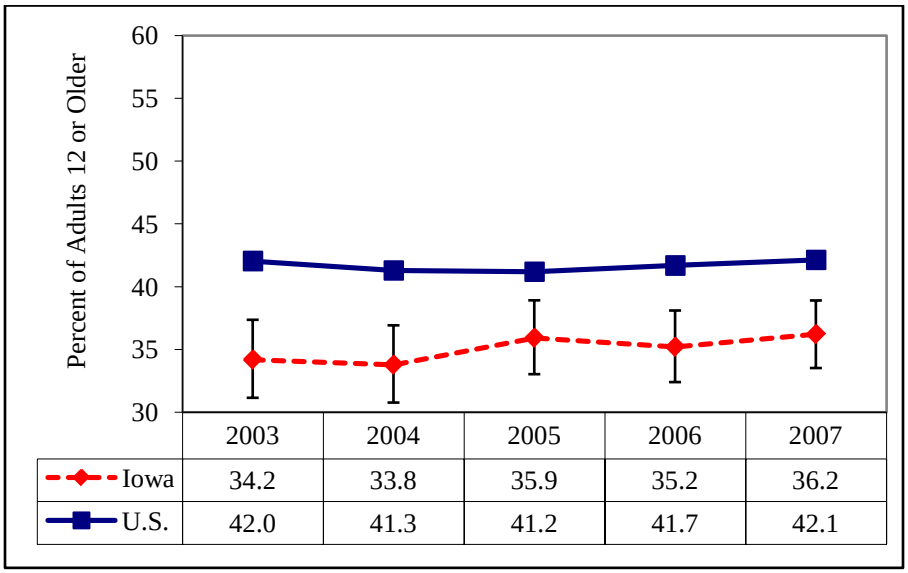
	2003	2004	2005	2006	2007	2008
Iowa Men	29.2	28.8	28.1	27.7	27.0	26.9
Iowa Women	10.3	9.7	9.6	13.9	13.3	14.0
U.S. Men	24.1	22.6	21.9	20.5	21.4	21.0
U.S. Women	8.0	7.5	7.0	9.9	9.8	10.0

Note: The binge drinking question was changed in 2006; the number of drinks per occasion to be considered binge drinking for women was lowered from five to four.

Heavy drinking is defined in the BRFSS as the consumption of more than two drinks per day by adult men and more than one drink per day by adult women. In 2008, there was no real difference between the heavy drinking rate for Iowa women and women nationally or for Iowa men and men nationally, nor was there any difference by age group.

Fewer Iowans over age 12 view the consumption of five or more drinks of alcohol once or twice a week as a great risk (as defined by NSDUH), compared with the national rate. This difference is significant based on the last four NSDUH (Figure 3). The lower perception of great risk in Iowa versus the United States echoes the difference between Iowa and the United States in binge drinking rates.

Figure 3: Perceived Risk of Alcohol Use (Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week), NSDUH



	2003	2004	2005	2006	2007
Iowa	34.2	33.8	35.9	35.2	36.2
U.S.	42.0	41.3	41.2	41.7	42.1

Note: Confidence intervals allow comparison of Iowa and U.S. results. The data source provided the confidence intervals for Iowa, but not for the U.S.

Due to the small number of Iowa minority participants in the NSDUH and BRFSS and the small sample sizes, no meaningful comparisons among racial groups can be drawn. However, gender strongly relates to alcohol consumption patterns. Men are more likely than women to be current alcohol consumers, to engage in binge drinking and to be heavy drinkers. This gender effect occurs at both state and national levels.

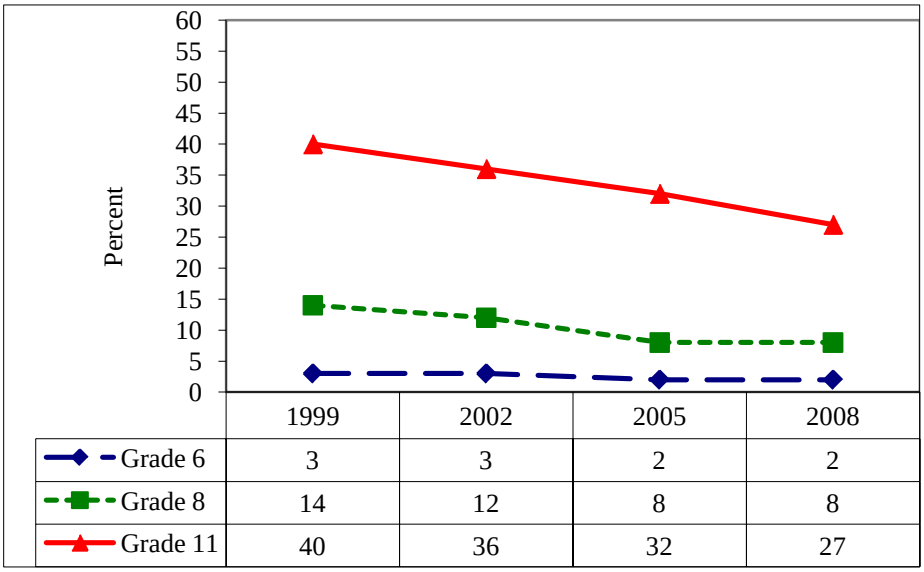
Youth Consumption Patterns

The Iowa Youth Survey (IYS) is an every other year census assessment of Iowa's 6th, 8th and 11th grade students' attitudes towards substance use and actual usage. This survey is administered on a two year rotation with the last survey administered in 2008. The IYS is used to report youth consumption patterns because it is much more reflective of Iowa than national surveys, which represent Iowa with very small sample sizes, collapse data from multiple years to generate reports, or use data from "similar" states to generate Iowa reports. National survey methods may not be timely in reflecting Iowa youth alcohol, tobacco, and other drugs (ATOD) use and beliefs. A limitation of using IYS the data cannot be compared to national data due the questions in the survey being worded differently than national youth surveys. An additional limitation is the small sample sizes of diverse populations that restrict the ability to report data at the county level in way that maintains individual confidentiality.

The IYS reported rate of alcohol use before age 13 fell between1999 to 2008. However, over 14% of all students surveyed in 2008 reported using alcohol before age 13. Current alcohol use for each grade reported in the IYS also fell since 1999, with 2008 rates reported at 5% for 6th

graders, 15% for 8th graders and 36% for 11th graders. Binge drinking over the past 30 days has decreased for all grades since 1999. In 2008, 2% of 6th graders, 8% of 8th graders, and 27% of 11th graders reported binge drinking (Figure 5). Overall, direct alcohol usage rates as reported by the IYS have decreased since 1999.

Figure 4: Percent of 6th, 8th, and 11th-Graders Reporting Binge Drinking – Past 30 Days, IYS



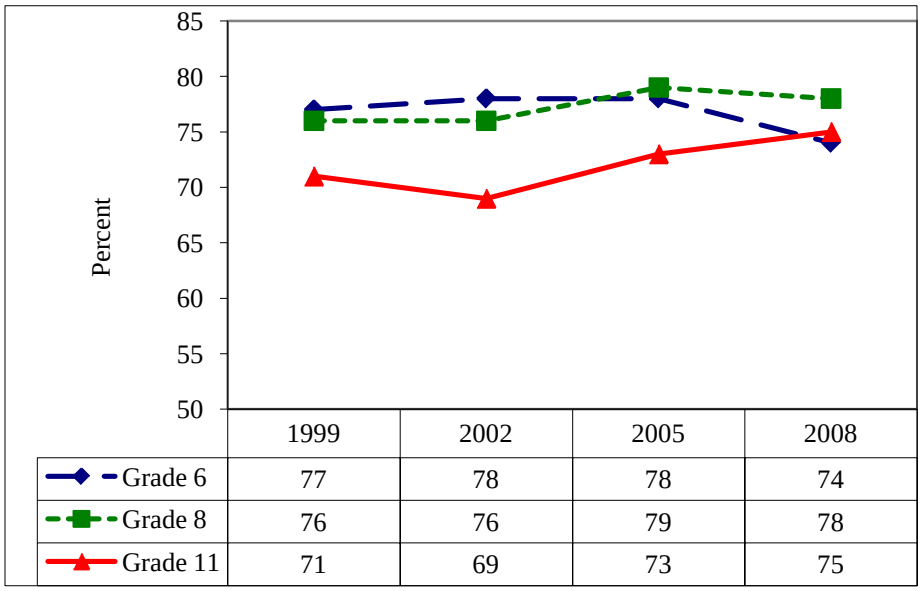
	1999	2002	2005	2008
Grade 6	3	3	2	2
Grade 8	14	12	8	8
Grade 11	40	36	32	27

Note: Error bars are too small to represent and are less than +/- 1%.

The IYS asks youth if they operated a motor vehicle after using any amount of alcohol or other drugs in the past 30 days. The reported percent encompasses youth who reported driving whether or not they had a legal driver's license. IYS data do not differentiate between substances or between levels of use. As with other measures of youth alcohol use, the IYS report of 10% of 11th graders driving after using any amount of alcohol or other drugs decreased from the 1999 rate. Although the rate of youth driving after using alcohol or other drugs has decreased, many Iowa youth still engage in this risky behavior.

The IYS perceived risk of alcohol use question asks "How much do you think you risk harming yourself if you drink three or more drinks of alcohol nearly every day?" The majority of 6th, 8th and 11th graders in Iowa, 74% to 78%, feel there is great or moderate risk associated with drinking three or more drinks nearly every day (Figure 6).

Figure 5: Percent of 6th, 8th, and 11th-Graders Perceiving Alcohol Use as a Moderate or Great Risk, IYS



	1999	2002	2005	2008
Grade 6	77	78	78	74
Grade 8	76	76	79	78
Grade 11	71	69	73	75

Note: Error bars are too small to represent and are less than +/- 1%.

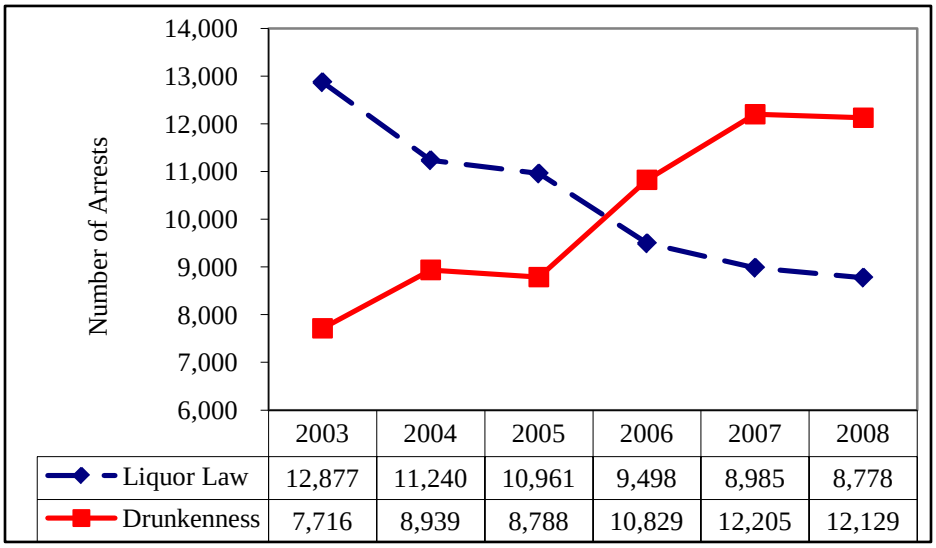
Alcohol Consequences

Alcohol related consequences encompass a spectrum of negative effects from chronic disease deaths, intentional and intentional injuries, and sexual abuse to academic and legal problems. Alcohol related deaths are difficult to ascertain. However, in Iowa, approximately 105 deaths per year are caused by alcoholic cirrhosis (Iowa Certificate of Death - 10 code K70), for a 2008 death rate of 4.15 per 100,000, mostly among the elderly and men. Almost one-quarter to one-third of Iowa traffic fatalities involved an "alcohol-involved driver," defined as having a Blood Alcohol Content (BAC) greater than 0.01. The number of suicides in Iowa has remained relatively stable in recent years, averaging approximately 325 suicides per year from 2000 to 2008. Adjusted for population, the overall suicide rate, as well as the age specific suicide rate of Iowans under the age of 19 and adult Iowans, also remained relatively stable.

Approximately 21,000 drunkenness and liquor law arrests were recorded in 2008. The total has been stable since 2004, with the increase in drunkenness arrests being offset by a corresponding decrease in liquor law arrests. The overall number of liquor law arrests has fallen each year between 2003 and 2008. Iowans under the age of 25 make up the majority of liquor law arrests. Conversely, the number of drunkenness arrests increased from 2003 to 2008. The number of convictions for alcohol-related offenses in Iowa remained relatively stable between 2003 and 2005 and slightly increased from 2006 and 2008 (Figure 6). The number of Operating While Intoxicated (OWI) arrests per 100,000 Iowans remained stable since 2004, hovering around 485. A slight decrease was observed in 2008 (Figure 7).

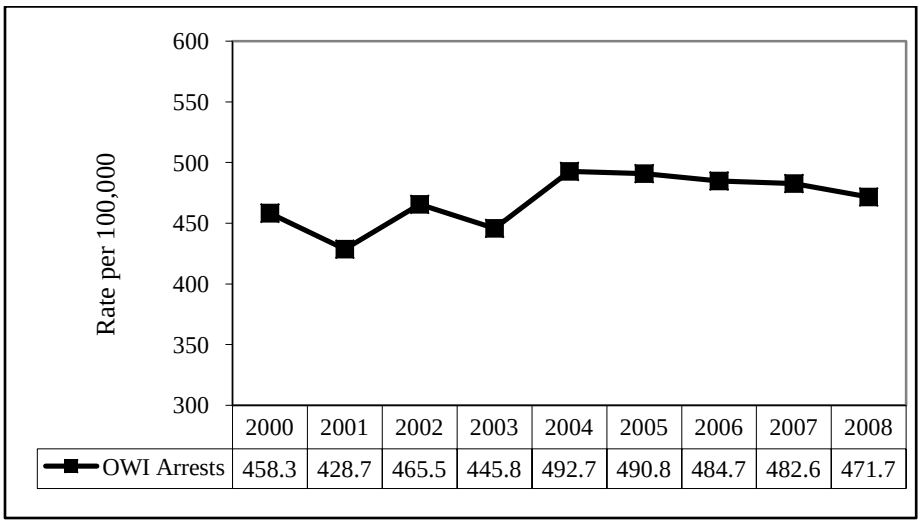
Drunkenness is defined as, "To drink alcoholic beverages to the extent that one's mental faculties and physical coordination are substantially impaired." Drunkenness does not include driving under the influence offenses. A liquor law violation is defined as, "The violation of laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages." The terms OWI and DUI (Driving under the Influence) are often used interchangeably. Jurisdictions across the country use one term or the other. The definition of DUI found in the FBI Uniform Crime Reports is, "Driving or operating a motor vehicle or common carrier while mentally or physically impaired as the result of consuming an alcoholic beverage or using a drug or narcotic."

Figure 6: Drunkenness and Liquor Law Arrests, Federal UCR



	2003	2004	2005	2006	2007	2008
Liquor Law	12,877	11,240	10,961	9,498	8,985	8,778
Drunkenness	7,716	8,939	8,788	10,829	12,205	12,129

Figure 7: Rate of Operating While Intoxicated Arrests per 100,000 Iowans, Iowa UCR

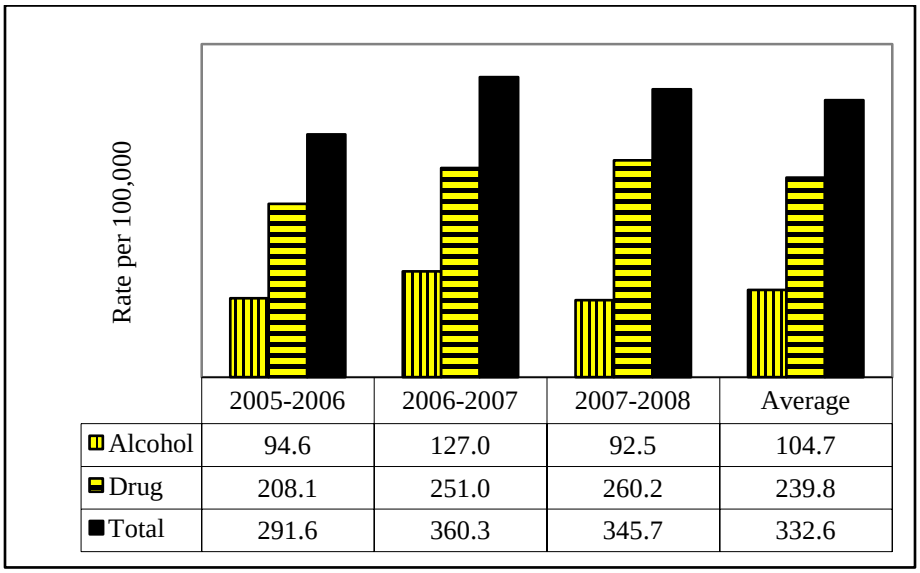


	2000	2001	2002	2003	2004	2005	2006	2007	2008
OWI Arrests	458.3	428.7	465.5	445.8	492.7	490.8	484.7	482.6	471.7

Note: As of July 1, 2003, the "legal limit" in Iowa is .08 BAC, lowered from .10 BAC.

Approximately 475,000 youth were enrolled in Iowa public schools for the 2004-2005 through 2007-2008 school years (Project EASIER). Although, the rate of suspensions and expulsions for alcohol decreased from 2006-2007 to 2007-2008, the total suspension and expulsion rate per 100,000 students for alcohol and drugs was 345.7 in 2007-2008 (Figure 8).

Figure 8: School Suspensions and Expulsions per 100,000 Students Due to Alcohol or Drugs, Project EASIER



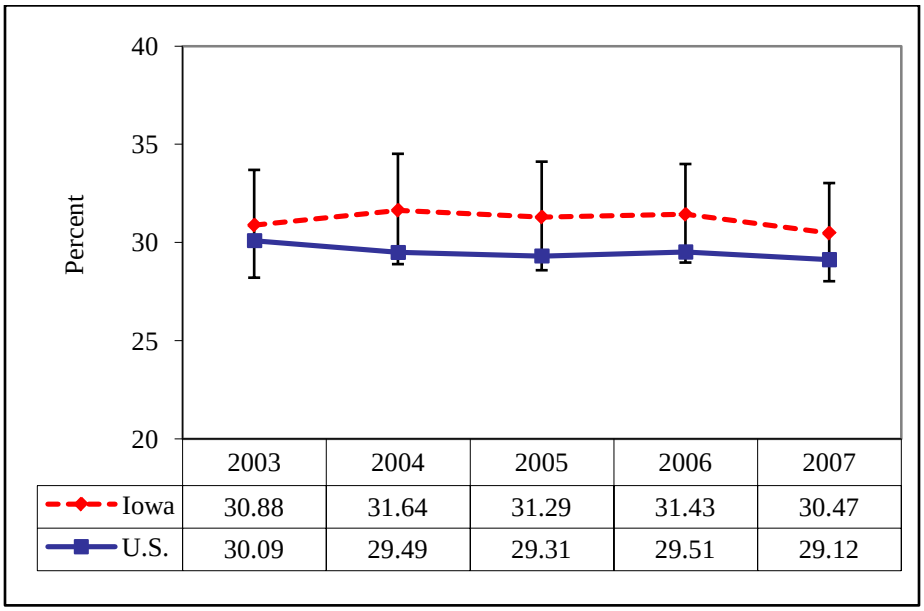
	2005-2006	2006-2007	2007-2008	Average
Alcohol	94.6	127.0	92.5	104.7
Drug	208.1	251.0	260.2	239.8
Total	291.6	360.3	345.7	332.6

Tobacco

Adult Consumption Patterns

The use of tobacco has not changed over the years in Iowa or the U.S. According to the 2006-2007 NSDUH estimates, approximately 30.5% of Iowans over the age of 12 used tobacco and 25.1% smoked cigarettes. National and state rates of 30-day tobacco and cigarette use did not differ significantly, nor are there significant differences across the past several years in Iowa rates (Figure 10). According to the 2006-2007 NSDUH, more than two-thirds, 71.3%, of Iowans age 12 and older feel that smoking at least one pack of cigarettes per day is very risky. This rate is slightly lower than the national rate of 73.8% (Figure 11).

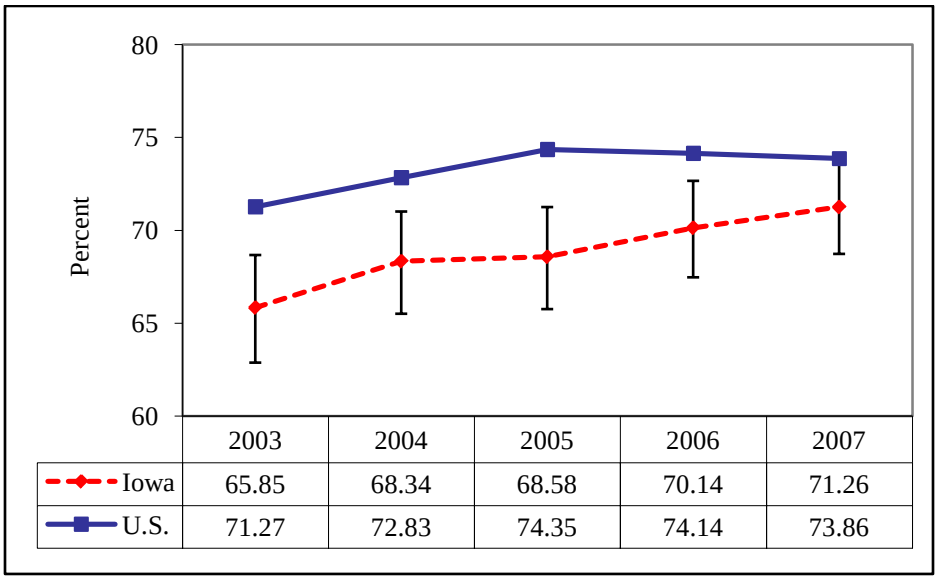
Figure 9: Percent of Adults who reported past 30-Day Tobacco Use- 12 or Older, NSDUH



	2003	2004	2005	2006	2007
Iowa	30.88	31.64	31.29	31.43	30.47
U.S.	30.09	29.49	29.31	29.51	29.12

Note: Confidence intervals allow comparison of Iowa and U.S. results.

Figure 10: Percent of Adults who reported perception of Great Risk of Smoking One or More Packs of Cigarettes per Day- 12 or Older, NSDUH



	2003	2004	2005	2006	2007
Iowa	65.85	68.34	68.58	70.14	71.26
U.S.	71.27	72.83	74.35	74.14	73.86

Note: Confidence intervals allow comparison of Iowa and U.S. results.

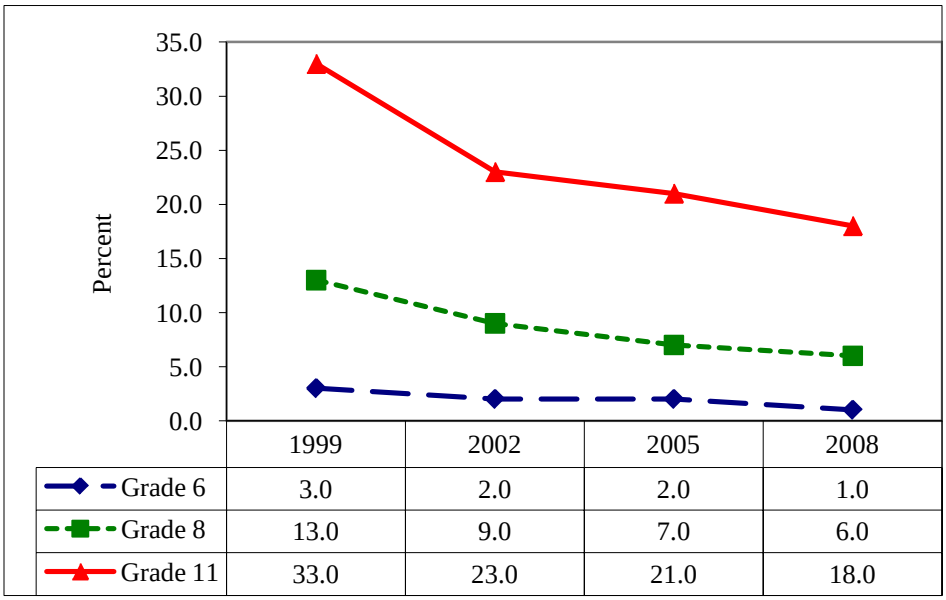
The rate of Iowa mothers reporting tobacco use during pregnancy has been stable since 2002 at 15-19% of all pregnancies with 17.7% reporting tobacco use during pregnancy in 2008. Young mothers are more likely to report tobacco use during pregnancy, with mothers 18 years old or younger reported tobacco use that was approximately 8 percentage points higher than mothers

over the age of 18. This information was collected and reported on birth certificates and does not include women who did not have live births.

Youth Consumption Patterns

Youth tobacco use in Iowa appears to be on the decline, as evidenced by the number of youth reporting first use of cigarettes before age 13, past 30-day use, and perceived risk of cigarette use. The percent of 6th, 8th and 11th graders who first used cigarettes before age 13 has decreased each time the IYS has been administered since 1999. Reported past 30-day cigarette use for the same populations has also decreased on each IYS (Figure 12). While the perception of risk regarding cigarette use among 6th grade students dropped from 83% in 2005 to 78% in 2008, the rate for 8th and 11th grade students remained stable.

Figure 11: Percent of 6th, 8th, and 11th-Graders Reporting Past 30-Day Cigarette Use, IYS



	1999	2002	2005	2008
Grade 6	3.0	2.0	2.0	1.0
Grade 8	13.0	9.0	7.0	6.0
Grade 11	33.0	23.0	21.0	18.0

Note: Error bars are too small to represent and are less than +/- 1%.

Tobacco Consequences

Iowa lacks tobacco consequence data meeting the criteria developed by the Data Task Group. The lung cancer death rate, as reported on death certificates using Iowa Certificate of Death - 10 code C34 (Malignant neoplasm of bronchus and lung) rose slightly from 2001 to 2005, and showed a significant drop in 2005. There was an average of 1,770 lung cancer deaths per year from 2001 to 2008 affecting more Whites/non-Hispanics than any other racial/ethnic group (table 3).

Table 3: Lung Cancer Deaths rate per 100,000 Iowans by Demographics, IDPH Vital Records

	2006	2007	2008
Race			
White	59.4	63.3	64.0
Black	40.2	42.6	32.3
Hispanic	5.2	4.2	5.5
Other	3.4	6.6	6.3
Gender			
Female	47.0	53.1	50.3
Male	68.3	69.6	68.4
Age			
<20	2.2	3.5	0.0
20-54	10.4	10.9	11.4
55-64	93.1	96.1	95.5
>65	286.3	302.4	290.2

Illicit Drugs

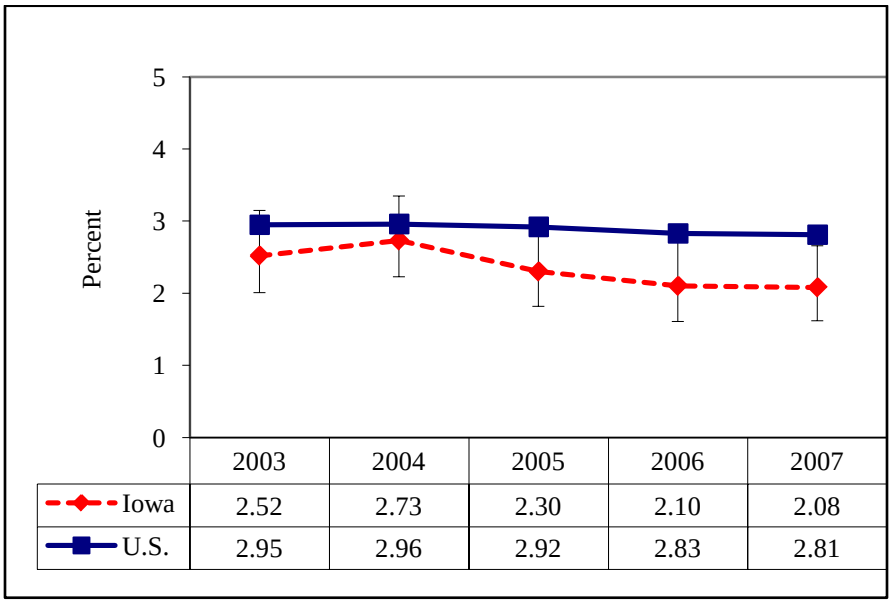
Adult Consumption Patterns

Illicit drug use in Iowa appears to be holding steady and the prevalence is lower than the national rate. In the 2006-2007 NSDUH report, Iowa rates of illicit drug use consistently had the lowest usage rates amongst all the states. The illicit drug reported as most used by Iowans is marijuana, followed by methamphetamine.

Iowans current 30-day use of marijuana remained essentially unchanged between the 2003-2004, 2004-2005, 2005-2006, and 2006-2007 NSDUH. According to the 2006-2007 NSDUH data, 3.84% of Iowans over the age of 12 reported current marijuana use, which is lower than the national rate of 5.92%. Data from the 2006-2007 NSDUH showed that Iowa's rate of current use of an illicit drug other than marijuana (2.57%) is significantly lower than the national rate of 3.82%.

Iowans perceive the risk of smoking marijuana at least once a month similar to the rest of the nation. The 2006-2007 NSDUH estimated that 38.92% of Iowans believed that it was a great risk to smoke marijuana at least once a month.

Figure 12: Percent of Adults Reporting Past-Month Marijuana Use, NSDUH



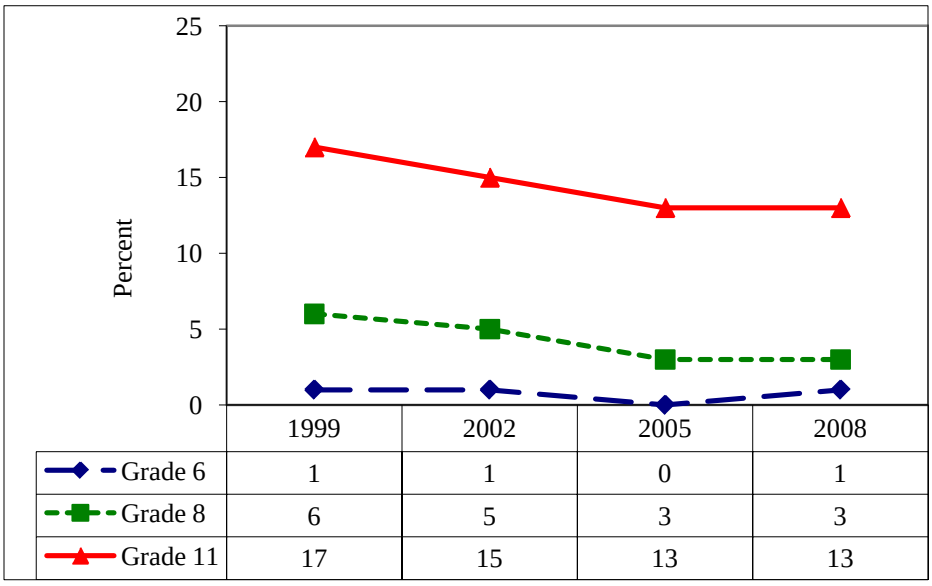
	2003	2004	2005	2006	2007
Iowa	2.52	2.73	2.30	2.10	2.08
U.S.	2.95	2.96	2.92	2.83	2.81

Youth Consumption Patterns

The 2006-2007 NSDUH results estimated that 7.96% of Iowans 12-17 years old used illicit drugs including marijuana, cocaine, heroin, hallucinogens, inhalants and prescription psychotherapeutics in one month. The 2008 IYS shows that marijuana was the most widely used illicit drug with 13% of 11th graders reporting current use. Marijuana use by 6th, 8th and 11th graders has decreased between 1999 and 2008.

The IYS asks the question, "How much do you think you harm yourself if you smoke marijuana once a week?" The results showed that 75% of 6th graders, 80% of 8th graders, and 69% of 11th graders responded "great risk" or "moderate risk" to this question in 2008. The percent of students reporting first use of marijuana before age 13 decreased for all three grades from 2002 to 2008.

Figure 13: Percent of 6th, 8th, and 11th-Graders Reporting Past 30-Day Marijuana Use, IYS

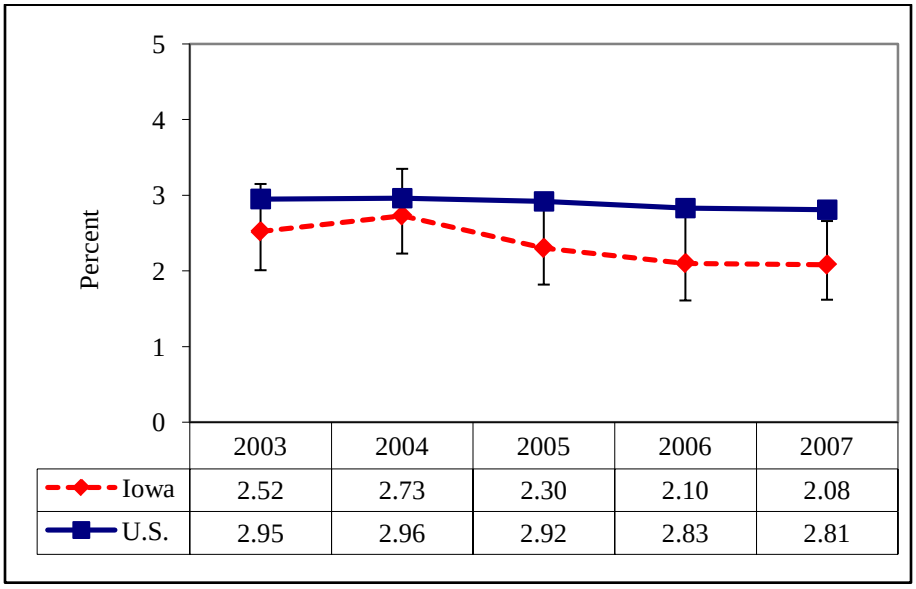


	1999	2002	2005	2008
Grade 6	1	1	0	1
Grade 8	6	5	3	3
Grade 11	17	15	13	13

Illicit Drugs Consequences

Past year illicit drug dependence or abuse in Iowa remained stable from the 2002-2003 NSDUH through the 2006-2007 NSDUH. Iowans age 12 and older are less likely to report illicit drug dependence or abuse (2.1%) than the national total (2.8%), (Figure 14). The NSDUH uses the DSM-IV definitions of dependence and abuse.

Figure 14: Percent of Adults who reported past-year Illicit Drug Dependence or Abuse, NSDUH



	2003	2004	2005	2006	2007
Iowa	2.52	2.73	2.30	2.10	2.08
U.S.	2.95	2.96	2.92	2.83	2.81

Drug arrests per 100,000 dropped between 2005 and 2006 and there were approximately 410 drug arrests per 100,000 in 2007. Marijuana was the most frequent cause of drug arrests,

accounting for almost three-quarters of drug arrests in Iowa during 2007. The only other substance resulting in more than 1,000 arrests in 2007 was methamphetamine. The number of methamphetamine clandestine laboratories seized in Iowa decreased from 1500 in 2004 to 201 in 2008, most likely due to the enactment in May 2005 of the Iowa Pseudoephedrine Control Act, which required that pseudoephedrine products be sold from behind the counter rather than from store shelves.

Summary

- Alcohol is the most frequently used substance in Iowa and across the United States. Approximately 1,300,000 or 52.62% of Iowa residents 12 years of age or older are current alcohol users.

- Alcohol is the most reported primary substance of use by individuals entering substance abuse treatment in Iowa.

- Binge alcohol use is viewed as less of a risk by Iowans than by others in the United States.

- As estimated by the 2008 BRFSS, the rates of current alcohol use (58.0%) and binge drinking (20.2%) by Iowa adults are significantly higher than the corresponding national rates of 54.5% and 15.6%, respectively.

- Among 12 to 17 year old youth, the Iowa rates of current alcohol use and binge drinking are similar to the corresponding national rates.

- While there is a downward trend in alcohol use by Iowa youth over the last few years, more than 14% of all students surveyed in 2008 reported using alcohol before turning 13 years old.

- For every three 11th graders in Iowa, one drank alcohol within the past month.

- Tobacco use in Iowa is similar to that of the national average.

- Approximately 30.47% of Iowans over the age 12 use tobacco, the majority of which use cigarettes.

- Youth tobacco use in Iowa appears to be on the decline, as evidenced by the number of youth reporting first use of cigarettes before the age of 13, past 30-day use, and perceived risk of cigarette use.

- Illicit drug use in Iowa appears to be holding steady at a level lower than the national rate. The most recent NSDUH report shows that Iowa had the lowest rate of illicit drug use amongst all states.

- Marijuana is the most reported illicit drug used by Iowans admitted to treatment, followed by methamphetamine.

- Current marijuana use by adults in Iowa is significantly lower than the national rate.

- Iowa adult perception of risk associated with marijuana use is similar to that of adults nationally.

- Marijuana use by 6th, 8th and 11th graders decreased from 1999 to 2008.

Assessing the Systems

Current State-level Infrastructure

The IDPH Division of Behavioral Health is the Single State Authority (SSA) for substance abuse prevention and treatment in Iowa. The Bureau of Substance Abuse is responsible for managing nine different substance abuse prevention grants. Comprehensive substance abuse prevention services are available for residents of all 99 Iowa counties through contracts with 18 community-based agencies that serve geographic regions ranging in size from one to ten counties. Comprehensive prevention funding comes from the 20 percent set aside of the Substance Abuse Prevention and Treatment Block Grant and associated State appropriations. IDPH receives State appropriations for Youth Development and Prevention Through Mentoring services. Sunday liquor license sales in Iowa support several additional prevention grants including Youth Mentoring, County Substance Abuse Prevention and Community Coalition grants. IDPH also administers the Governor's portion of the Safe and Drug Free Schools and Communities funding. In addition, IDPH receives Byrne-Justice Assistance Grant funding which supports a youth mentoring project focused on at-risk youth.

IDPH's Division of Behavioral Health employs three Prevention Consultants that are responsible for grant management and oversight for all prevention grants, including the SPF SIG Project Director and SPF SIG Project Coordinator. The division also employs the SPF SIG Epidemiologist and subcontracts with the Consortium to support the SPF SIG Lead Evaluator.

Iowa continues to work toward building a collaborative substance abuse prevention system that utilizes evidence-based programs, policies and practices, emphasizes cultural competency, demonstrates accountability among partners and focuses on sustainability. IPDH will engage a

number of effective and committed departments and agencies to assist in developing and sustaining the SPF SIG project. These stakeholders include:

The **Central Regional Expert Team (CRET)** of CSAP's Center for the Application of Prevention Technologies provides training and technical assistance to support the SPF SIG in Iowa and to bring research to practice. Dr. Neal Holtan, Prevention Specialist, will support Iowa's SPF SIG through CSAP's Training and Technical Assistance Service Plan for the State. The components of the Service Plan will follow the SPF format. For assessment, CRET will provide technical assistance to the Iowa SEW on assessing need based on local and county data and needs assessment surveys. Under capacity, CRET will provide training and technical assistance to the SPF SIG staff, the SPF SIG Advisory Council, and local grant recipients on environmental change strategies, operating procedures and electronic technology in prevention. For planning, technical assistance will address grant awards processes and review of logic models. Under implementation, technical assistance will focus on the training and program development of county services and to the SPF SIG in monitoring implementation progress. For evaluation, technical assistance to the SPF SIG staff and SEW will pertain to measuring state and local outcomes as based on the original local needs assessments and the state and local epidemiological profiles.

Community Anti-Drug Coalitions of America (CADCA) provides national training, technical assistance and resources to coalitions. The CADCA National Coalition Institute, which has been held in Iowa, is a comprehensive training available at no cost to coalitions. Coalitions participating in SPF implementation at the local level will be provided with information on the Coalition Institute as a training resource to complement the Iowa SPF SIG Training Plan. Further, the IDPH SPF Project Director will consult with CADCA on opportunities and options for collaboration and role delineation for local coalitions and prevention agencies in implementing SPF activities as well as additional training and resources for SPF SIG counties.

Community Coalitions have a rich history in Iowa and focus on a variety of substance abuse prevention issues. Coalitions are eligible to receive funding through SPF SIG. Examples of Iowa substance abuse prevention coalitions include:

- The **Alliance of Coalitions for Change (AC4C)** which is an association of substance abuse prevention coalitions in Iowa with a membership of 52 coalitions as of 2010. AC4C's mission involves unifying coalitions across Iowa to share knowledge, resources and materials to ensure relevancy and diversity of approaches. AC4C has been effective in public policy efforts at the state and community level. AC4C will be a vital partner in the SPF SIG project by helping to institutionalize the SPF through means of training, technical assistance and coalition mentoring. The IDPH SPF Project Director will continue the practice of consulting with AC4C at their quarterly retreats so as to continue

to maintain the collaborative relationship between coalitions and the state prevention system. AC4C has a representative that sits on the SPF SIG Advisory Council.

- **Drug Free Communities** grantees focus on addressing youth substance abuse. These coalitions have participated in exceptional training opportunities and are experienced in gathering and reporting data. They also have a strong understanding of environmental strategies. Currently, Iowa has 20 Drug Free Community grantees. DFC grantees are active members of AC4C and will continue to be in communication with the SPF SIG Project Director on project activities. In addition, DFC's located in SPF SIG highest need counties will be signatories to local implementation plans and may be funding sub-recipients and participate in implementation according to the collaboration plan to be determined by all local substance abuse prevention coalitions and agencies.

- **SAFE Community Network** is a certification process for coalitions that is organized around the steps of the SPF process. This process helps communities collaborate to reduce substance abuse, crime, violence and other related problems. The Iowa SAFE Community Network is designed to enhance, recognize and support existing prevention services and initiatives in the community and to be a resource to its citizens. Currently, 50 coalitions are SAFE certified. SAFE coalitions will continue to be updated regularly about the SPF SIG project through the established SAFE Spotlight newsletter. In addition, SAFE coalitions located in SPF SIG highest need counties will be signatories to local implementation plans and may be funding sub-recipients and participate in SPF implementation consistent with the locally determined SPF collaboration plan.

The **Governor's Office of Drug Control Policy (ODCP)** coordinates the Drug Policy Advisory Council (DPAC) and has been central to Iowa's environmental and control initiates including the 2007 Keg Registration bill and the Iowa Pseudoephedrine Control Act passed in May 2005. ODCP and DPAC receive, review and report substance abuse findings and trends and are committed to reducing underage and high risk drinking in Iowa which is reported yearly through Iowa's Drug Control Strategy. The Underage Drinking Task Force, a subcommittee of DPAC, is co-chaired with IDPH. ODCP staff also participate in the SEW and assisted with the development of the underage drinking video which will be distributed to SPF SIG sub-recipients. Several members of DPAC are involved in the SPF SIG Advisory Council and workgroups which provides an important link to overarching capacity and resource development.

The **Iowa Alcohol Beverage Division (ABD)** within the Department of Commerce is responsible for the regulation and control of alcohol in the State of Iowa. Iowa is one of 19 control states that, since the repeal of prohibition, directly control the sale and distribution of alcoholic beverages. In addition, ABD has been responsible for the enforcement of state and federal laws and regulations regarding the sale and use of alcohol and tobacco products,

including compliance checks. ABD will be vital to SPF SIG as policy efforts and environmental strategies move forward. Representation from the ABD on the SPF SIG Advisory Council will be explored.

The **Iowa Behavioral Health Association (IBHA)**, a private, not-for-profit trade association representing Iowa organizations that provide substance abuse, mental health, and/or problem gambling services to their communities. IBHA was established in the early 1970s and its membership has grown to nearly 40 private, not-for-profit organizations providing behavioral healthcare services in Iowa. IDPH funds Training Resources, a division of IBHA, to provide training and workforce development opportunities statewide. Training Resources will be a valuable SPF SIG partner in providing additional statewide training opportunities connected to SPF. IBHA's Executive Director serves as a member of the SPF SIG Advisory Council.

The **Iowa Board of Certification (IBC)** is the recognized credentialing body for addictions/prevention professional practitioners. IBC has been in the credentialing business for over 25 years, originally certifying substance abuse counselors (CADC) and prevention specialists (CPS). IBC is a member of the International Certification & Reciprocity Consortium (IC&RC), the largest credentialing body in the world, and utilizes their exams as part of the certification process. Certain IBC board members are participating on the Advisory Council and bring specific expertise on workforce capacity and training issues. Both issues will be addressed within the SPF SIG project.

The **Iowa Consortium for Substance Abuse Research and Evaluation (Consortium)**, located at the University of Iowa, is a nationally recognized leader in substance abuse research, development and evaluation as well as an experienced resource in federal Government and Performance Results Act (GPRA), National Outcomes Measures (NOMs) and State Outcomes Measures (SOMs) reporting. The Consortium is a multi-disciplinary statewide organization that was created in 1991 to encourage and facilitate collaborative research in the area of substance abuse. The Consortium will be contracted for participatory evaluation services for the SPF SIG project. In addition, DPH is considering budget options to allow the Consortium to work with county evaluation planning.

The **Iowa Department of Education (DOE)** works with the Iowa State Board of Education to provide oversight, supervision, and support for the state education system that includes public elementary and secondary schools, nonpublic schools that receive state accreditation, area education agencies (AEAs), community colleges, and teacher preparation programs. DOE staff co-facilitate the Evidence-Based Practice Workgroup and partner in administration of the Iowa Youth Survey. DOE is also working on a project with IDPH to assess school prevention programs. IDPH works with the Learning Supports program which includes a myriad of services and resources available through the community to provide support for the learning that occurs inside and outside of the school building. DOE recently received one of the eleven Safe and

Drug Free School grants in the county. IDPH is working closely with DOE on this grant, entitled Iowa State Agencies Supporting Safe Schools (ISA3S), and both parties have agreed to collaborate in counties targeted for both ISA3S and SPF SIG funding.

The **Iowa Department of Human Services (DHS)** helps individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state. DHS coordinates a variety of programs including child support, food assistance, mental health and disability services, refugee services and others. IDPH and DHS currently collaborate on a number of initiatives, including implementation of shared protocols for working with families in the child welfare system related to parental or caregiver substance use. IDPH and DHS work closely to create prevention prepared communities.

The **Iowa Department of Transportation (DOT)** is an important source of data about alcohol consequences. IDPH and the DOT collaborate on regulatory requirements for OWI offenders. The DOT sets many policies that may affect the efforts of sub-recipients. In addition, DOT is an important resource for consequence data used in the assessment step of the SPF.

The **Iowa Department of Public Health, Division of Behavioral Health (IDPH)** is the Single State Authority responsible for administration and management of the SAPT Block Grant and state appropriations. Also a part of the SAPT Block Grant is the Synar Amendment which requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under 18 and to enforce those laws effectively. The Synar program is a critical component of the success of youth tobacco use prevention efforts and is housed at IDPH. Iowa has 18 Block Grant funded prevention agencies that collectively serve all 99 counties. These local agencies have effectively provided prevention services in their communities as well as technical assistance to coalitions. All of the resources of IDPH will support the SPF SIG project. Specific personnel resources include Kathy Stone, Director of the Division of Behavioral Health, DeAnn Decker, Chief of the Bureau of Substance Abuse Prevention and Treatment, Julie Hibben, SPF SIG Project Director, Dr. Ousmane Diallo, Epidemiologist, and Debbie Synhorst, SPF SIG Project Coordinator. Ms. Synhorst is recognized nationally for her effective advocacy on behalf of prevention. Linda McGinnis, Prevention Consultant will provide in-kind support.

The **Division of Criminal and Juvenile Justice Planning (CJJP)** within the Iowa Department of Human Rights carries out research, policy analysis, program development and data analysis activities to assist policy makers, justice system agencies and others to identify issues of concern and to improve the operation and effectiveness of Iowa's justice system. CJJP staff participate on the SEW, Advisory Council and Evidence-Based Practice Workgroup. This division also administers the Enforcing Underage Drinking Laws (EUDL) funding and will collaborate with the SPF SIG project to address the priority of underage drinking. In addition, CJJP works

closely with the Iowa State Patrol and provides funding to conduct compliance checks which will enhance the capacity of the SPF SIG to obtain compliance data.

The **Iowa Department of Public Safety (DPS)** is the chief law enforcement agency and will provide important data for the SPF SIG project. Currently two members of the Advisory Council represent DPS through the Governor's Traffic Safety Bureau and the Division of Narcotics Enforcement. DPS can assist the SPF SIG capacity with policy changes and justice data.

The **Iowa Substance Abuse Information Center (ISAIC)** is funded by IDPH to provide comprehensive information services to include books, DVDs, brochures and curricula. ISAIC also operates a 24-hour telephone referral services and hosts a comprehensive Website that provides information on prevention, treatment and ancillary services throughout the state. ISAIC will support the SPF SIG project through training announcements, providing substance abuse related materials and linking to local as well as statewide initiatives.

The **Iowa Underage Drinking Task Force** was formed and facilitated by IDPH and ODCP as a response to the Surgeon General's Report on underage drinking. The Task Force, now a subcommittee of the DPAC, has been developing a three-year plan to reduce underage drinking. This task force will work closely with the Advisory Council and Project Team to collaborate on SPF SIG priorities.

The **Midwest Counterdrug Training Center (MCTC)** partners with state agencies to provide high quality training at low cost to those involved in the field of substance abuse. Training is affordable and is available to law enforcement officers, prevention and treatment professionals and community coalition members. MCTC will support the SPF SIG project through technical assistance and support for regional training.

The **Multicultural Health Advisory Council** was established within administrative rules to inform and advise IDPH, the Office of Minority and Multicultural Health (OMMH) and policy makers on issues relevant to multicultural health; to advocate for or against public policies and practices that affect multicultural communities; and to advocate for funding that supports the activities of OMMH. The council is comprised of 15 members representing the racial/ethnic diversity within the state of Iowa and the six local public health service regions. The council meets quarterly. (Multicultural is defined as minorities, immigrants and refugees). This council will provide guidance to the SPF SIG Advisory Council regarding issues related to cultural competency and assist to increase the capacity of providing appropriate services at both the state and local level.

The **State Epidemiological Workgroup (SEW),** formerly SEOW, was funded by SAMHSA CSAP in 2006. Iowa's SEW has become a vital resource for prevention by issuing state profiles in 2007, 2008, 2009 and with a fourth Epidemiological Profile to be disseminated in 2010. SEW

members represent a board cross-section of researchers, prevention consultants, educators, community-based organizations and institutions. The SPF SIG project, working with the SEW, will drill down on community-level data, community assessment and needs identification to ensure that all efforts are data driven.

These partners, with direction from the SPF SIG Advisory Council, have collaborated as a result of the SPF SIG initiative to develop this Strategic Plan based on the work of the SEW. The creation of this Strategic Plan is in accordance with the SPF steps to achieve positive outcomes for the State of Iowa.

Gaps in Current State-level Infrastructure

There are several major areas of focus for enhancing the state system.

a. Currently, there is no single prevention planning process that is used consistently at the state level. Individual state agencies have their own separate strategic plans regarding substance abuse. Collaboration across all plans and services is not always strong or completely effective. IDPH has incorporated the SPF process into the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Request for Proposal (RFP). These substance abuse prevention providers will be working through the SPF steps within a similar timeframe as the SPF SIG sub-recipients. IDPH will work with other departments and agencies to implement the SPF process.

b. Due to the size of some diverse populations in Iowa, state-level data cannot be broken down by county without jeopardizing confidentiality. The SPF SIG Advisory Council has discussed this issue and will be making recommendations. Local surveying may be encouraged for special populations.

c. Another gap at the state level is that there is no cohesive reporting system for outcomes across state agencies. A process is needed that will gather data at the community level in order to inform state policy. Various data collection systems will be reviewed for implementation through the SPF SIG project.

d. Additionally, no consistent evaluation structure is being utilized across state agencies. Each agency approaches evaluation differently due to funding or other system requirements. IDPH will work with SPF stakeholders to look closely at this issue and discuss potential solutions for implementing evaluation processes.

e. Iowa also lacks one consistent location for substance abuse data. Many state agencies have their own data collection systems and data resource Websites but often, finding and collecting this substance abuse data is challenging. Through the SPF SIG initiative, the

Consortium will establish an Epidemiological Website that will house a variety of substance abuse related data.

State Capacity to Implement the SPF

IDPH has experience in community health assessment. Since 2003, IDPH has funded local communities to assess the level of health through the Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP), which is a multifaceted reporting process to support the core function of assessment. The essential services of public health further support the core function of assessment including monitoring health status to identify and solving community health problems, diagnosing and investigating health problems and health hazards in the community, and evaluating effectiveness, accessibility and quality of personal and population-based health services. The CHNA-HIP has demonstrated the ability of IDPH to monitor health and program implementation at the local level.

IDPH successfully funded the SEOW in 2006. The name of the SEOW was changed to SEW after Iowa received SPF SIG funding. The SEW experience garnered support from different state agencies, which allowed seamless communication and sharing of data and resources. Although the SEW members recognize the silos between and within state agencies, the expansion of the SEW will allow a constant sharing of information on capacity improvement, data sharing on SPF SIG implementation and continuous evaluation.

State-level Data Collection

Based on the preceding work of the SEW, Iowa has enhanced its capacity for collecting, analyzing and disseminating State and local substance abuse related data. Much of the available data for planning and evaluation focused on substance abuse efforts is obtained from national data sets. Iowa faces challenges using national sources for counties because of the relatively small sample size. Iowa prefers to use the Iowa Youth Survey (IYS) for county-level data.

IDPH leads the implementation of the IYS, a every other year survey of sixth, eighth and eleventh graders which focuses on attitudes and experiences regarding alcohol and other drug use and violence, and perceptions of peer, family, school, and community environments. The survey will be web-based for the second time in the fall 2010. It is a census survey and includes nearly all public and approximately 30 private schools in Iowa.

IDPH collects and manages data through the CSAP Database Builder and the Minimum Data Set. The data entered are used for SAPTBG reporting and evaluation of other funding streams.

Current Community-level Infrastructure

The current community-level prevention system focuses on substance abuse prevention agencies as well as a significant number of coalitions. Each is discussed in detail below:

a. Currently, Iowa supports 18 community-based substance abuse prevention agencies that serve all 99 Iowa counties. These SAPTBG funded organizations provide a variety of prevention services including individual-level as well as population-level services. In FY11, these agencies are using the SPF process to identify priorities and determine effective services. They are responsible for creating a communications/media plan to expand and enhance the reach of individual services. Due to the change in the Safe and Drug Schools funding, these prevention agencies are being required to complete school district assessments of evidence-based programs.

b. The Alliance of Coalitions for Change (AC4C) is an association of substance abuse prevention coalitions in Iowa with a membership of 52 coalitions as of 2010. AC4C's mission involved unifying coalitions across Iowa to share knowledge, resources and materials to ensure relevancy and diversity of approaches. AC4C has also been effective in public policy efforts at the state and community level. AC4C will be a vital partner in the SPF SIG project by helping to institutionalize the SPF through training, technical assistance and coalition mentoring.

c. Iowa has a considerable number of DFC grantees which focus on addressing youth substance abuse. These coalitions have participated in exceptional training opportunities and are experienced in gathering and reporting data. They also have a strong understanding of environmental strategies. Currently, Iowa has 20 DFC grantees.

d. IDPH also supports the SAFE Community Network which is a certification process for coalitions that is organized around the steps of the SPF process. In 1989, the Iowa SAFE Community Network was launched in response to needs and concerns expressed about substance abuse issues across the state. Initially, SAFE was an acronym for "Substance Abuse Free Environment" but now the SAFE format is used to focus on many prevention-related issues. This program helps communities collaborate to reduce substance abuse, crime, violence and other related problems. The Iowa SAFE Community Network is designed to enhance, recognize and support existing prevention services and initiatives in the community and to be a resource to its citizens. Currently, 50 coalitions are SAFE certified.

SPF SIG funding will be directed to Iowa counties through contract amendments with current Block Grant funded prevention agencies. The amendments will require joint planning and shared funding with coalitions in order to further countywide collaboration among all substance abuse prevention stakeholders. This allocation method will serve as a strong underpinning to the state's current SPF SIG planning effort. Iowa will use the SPF SIG to extend its prevention

infrastructure across the state, to institutionalize evidence-based policies, practices and programs, as well as sustain the Strategic Prevention Framework process.

Gaps in Current Community-level Infrastructure

There are several significant gaps in the current community prevention system that need to be addressed through SPF SIG.

a. Currently, there is no consistent process in place to collect data from community coalitions. Some coalitions have taken the initiative to utilize the ODSS and are collecting process data but IDPH has no access to that information. Other coalitions collect both outcome and process data without the use of a formal system. IDPH plans to work with the University of Kansas to streamline the data collection process through SPF SIG. The Project Team will discuss ways the system will be sustained in the state after SPF SIG funding ends.

b. There is a gap in applying cultural competence to prevention services that extends to the use of environmental strategies. Additional training and technical assistance for both coalitions and prevention providers is needed in this area. Technical assistance will be requested through CRET as cultural competency will be a focus of capacity planning.

c. Another community level barrier in some locations will be the readiness for the level of collaboration and implementation this project will require. To address this gap, the Capacity Coaches (discussed in detail in the Capacity Building section) will be provided with tools and techniques to offer effective technical assistance to raise community capacity. Community-based substance abuse prevention agencies and coalitions are beginning to understand and utilize the SPF, but additional training and technical assistance needs to be provided.

d. Workforce readiness for this effort may also be a challenge. Iowa's prevention system relies on county-level providers to deliver effective services but faces high turnover rates and lacks a fully effective system for ongoing orientation and training. Through the SPF SIG project workforce development will be addressed by the Advisory Council. This group will discuss ways to gather new data on the workforce issues within the state and will develop a plan to address these issues. The development of the Iowa prevention workforce needs to be expanded through continued training and certification.

Community Capacity to Implement the SPF

Community-based substance abuse prevention providers represent organizations working within Iowa to provide community-level prevention services. In addition, Iowa has 18 prevention agencies that collectively serve all 99 counties. These local agencies have effectively provided

prevention services in their communities as well as technical assistance to coalitions. Each organization provides expertise in prevention as well as knowledge of and commitment to the communities in which they work. Prevention providers demonstrate growing skill and understanding in applying evidence-based strategies and practices within their communities. In 2008, 61% of Iowa prevention programs funded by the SAPTBG were evidence-based programs. These providers will receive SPF SIG funding through a contract amendment process in counties with highest need based on substance abuse data. These agencies will be asked to collaborate with community coalitions and other stakeholders to create a county-level plan to work through the SPF steps that will be submitted to IDPH.

The large number of community coalitions also strengthens the prevention system in Iowa. Currently in Iowa there are 20 DFC grantees. These coalitions have been provided with exceptional training and technical assistance around environmental strategies and the SPF process. The Alliance of Coalitions for Change supports substance abuse prevention coalitions through networking, shared resources, training and policy efforts. SAFE coalitions complete a certification process that focuses on the SPF.

Community-level Data Collection

Both prevention agencies and community coalitions have experience in collecting, analyzing and reporting on data. Prevention agencies have also used a variety of data collection systems including Database Builder and Minimum Data Set as well as quarterly and year end reporting. Prevention agencies and coalitions have some experience in implementing environmental strategies, but the processes are not consistent across communities.

During October 2002 through May 2006, Iowa received a State Incentive Grant (SIG). The 28 funded communities successfully completed their state and federal data requirements including semiannual progress reports and cross site evaluation reports

Prevention agencies and coalitions also collect a variety of data by conducting Town Hall meetings to gather information, implementing readiness surveys, and providing other types of surveying in their communities. These same agencies and coalitions assist their local public health organizations by providing data for the county community health needs assessment.

Coalitions have used the Online Documentation and Support System (ODSS) through the University of Kansas, which is a web-based recording, measurement and reporting tool. The use of this system is planned through SPF SIG to assist sub-recipients in documenting their work. The ODSS also helps sub-recipients share their change efforts and success stories with stakeholders. More fundamentally, the ODSS serves as a tool to help communities better understand and improve their efforts. The ODSS includes supports for: a) documenting changes in communities and systems, b) analyzing the distribution of changes, c) uncovering factors

associated with increases/decreases in the rate of change, d) tracking changes in community-level indicators and e) online and print graphics about the initiative and its impact.

Sub-recipient Assessment Responsibilities

During the Assessment step of the SPF, sub-recipients will be required to complete a readiness assessment using the Tri-Ethnic Community Readiness Survey, created by the Tri-Ethnic Center through Colorado State University, which is a community readiness tool that assesses the readiness of community. Six dimensions of community readiness are identified through this model including 1) community efforts; 2) community knowledge of efforts; 3) leadership; 4) community climate; 5) community knowledge of the issue; and 6) resources related to the issue. Interviews are provided with key informants to assess readiness needs and then the interviews are scored. Based on the scores of interviews, a community is placed in one of stages of community readiness and is provided with strategies that are appropriate for increasing readiness.

Sub-recipients will utilize Wyoming's Prevention Framework to Reduce the Misuse of Alcohol Community Needs Assessment Workbook. This document has been revised to fit Iowa's needs. Training and technical assistance will be given to counties while working through this document.

Sub-recipients will be required to establish a local epidemiological workgroup to help gather data sources, interpret data and complete the Community Needs Assessment Workbook. Each sub-recipient will be given guidance from IDPH about forming this group, which is still in the process of being developed.

Criteria and Rationale for SPF SIG Priorities

One of the first deliverables required of Iowa was to form a SPF SIG Advisory Council. This Council will play a vital role in advising IDPH throughout the duration of the cooperative agreement. The roles and responsibilities of the SPF SIG Advisory Council are:

- Involvement in every aspect of the implementation of the SPF SIG cooperative agreement
- Assisting the IDPH Division of Behavioral Health in finalizing the statewide needs assessment
- Recommending ways of enhancing data collections and analysis for the project
- Determining the SPF SIG priorities
- Developing a statewide strategic plan
- Providing ongoing advice and guidance to SPF SIG throughout the duration of the project
- Establishing workgroups to monitor progress and accomplish each required step of the SPF:

- **Cultural Competence Workgroup** to offer assistance and insight on ensuring that cultural competency is engrained in each step of the SPF process
- **Evaluation Workgroup** to provide oversight of all evaluation processes throughout the SPF SIG project
- **Evidence-Based Practice Workgroup** to make recommendations on the use of evidence-based prevention programs, policies and practices focusing on underage alcohol use and adult binge drinking. Evidence-based interventions are defined in the SPF SIG Program by inclusion in one or more of the three categories: 1) included in Federal registries of evidence-based interventions; 2) reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; and 3) documented effectiveness supported by other sources of information and the consensus judgment of informed experts. This group will also address the issue of fidelity of implementation
- **Training Workgroup** to make recommendations on training topics, assist in the selection process of the Capacity Coaches, and develop and implement regional trainings

Selection of the SPF SIG priorities were based on two criteria: The magnitude and burden of the problem and its reversibility though state intervention. In July 2007, Iowa's SEOW published its first report entitled, *State of Iowa, Substance Use Epidemiological Profile.* Updated reports were produced in February 2008 and 2009. A fourth report will be available in 2010 and submitted with this Plan. The SEOW was renamed the SEW after Iowa received SPF SIG funding. These reports illustrated the impact alcohol use has in Iowa; especially underage use and binge drinking. In 2009, the Office of Applied Studies through SAMHSA reported that Iowa is in the top 10 states for binge drinking. The social culture in many of Iowa rural areas and college towns accepts underage drinking as a routine rite of passage of community life. Numerous community events and activities center on drinking alcohol, glorify drinking and may even promote underage drinking. Many parents view underage drinking as normal for teenagers and some parents provide alcohol to youth in their homes. Results from Town Hall meetings conducted in spring 2009 indicate that up to 50% of parents across Iowa think it is acceptable for underage youth to drink alcohol.

In order to select priorities, the Advisory Council requested the SEW develop a concise and focused summary of the Epidemiological Profile. Using the EPI Profile data and the listing of indicators, the SEW created a summary table (See the columns entitled Domains, Indicators, and Description in Table 4 below). In selecting priorities, the Advisory Council used three major criteria: a) whether the priority is of sufficient ***magnitude*** to warrant state-level attention, b) whether the priority generates a ***burden*** in society, such as mortality or morbidity, and c) whether SPF intervention can be ***effective***.

The element used to define magnitude was based on the rate or prevalence of the indicators at the state-level compared to the national rates or prevalence. In terms of substance consumption, alcohol was strikingly the most prevalent problem in Iowa. Every alcohol consumption indicator whether it was 30-day use and binge drinking, or risk and protective factors, directed the Advisory Council to focus its attention towards alcohol. Perception of harm of alcohol consumption was lower in Iowa compared to the nation. Related to the issue of burden, the table below, the listed consequence indicators were selected to assess the effect of substance abuse consumption. The Advisory Council felt that the reversibility issue was as important as the magnitude or the burden at the state level. The fundamental question was whether the SPF SIG project will have a notable impact ("moving the needle"). Therefore, based on how effective the SPF intervention could be, the Advisory Council selected the priorities to deal with alcohol.

Table 4: List of Alcohol Consumption and Consequence Indicators

Domains	Indicators	Description	Pros & Cons	SEW Recommended
Consumption	Underage Drinking	Source: Iowa Youth Survey • Proportion of youth reporting/30 day use 11th grade vs. all grades • Binge drinking 11th grade vs. all grades	Pro: Part of the priorities Caution: Including 6-8th graders may mask the real burden and includes data for an age group not targeted by the original application. As a consequence, the activities of the grant may not affect the younger ages, shedding a poor light on the activities.	Yes Use only the priority indicator "11th grade 30 day alcohol use"
	Adult Binge Drinking	Source: Combined (BRFSS-06-08) • Proportion of males reporting drinking ≥5 drinks in one setting • females reporting drinking ≥4 drinks in one setting	Pro: Part of the priorities Caution: The data are derived from several years of data combined.	Yes Use only the priority indicator "adult binge drinking"

Domains	Indicators	Description	Pros & Cons	SEW Recommended
Consequence	• Youth Arrests • Alcohol Offenses • OWI	Source: Department of Public Safety • Youth arrested for alcohol violations • OWI arrest rate per 10,000 county youth population.	Pro: Show legal problem Con: Culture of leniency from law enforcement; primarily measures degree of law enforcement response to problem	Yes Combined in a new construct: "Alcohol Violations (Rate per 10,000)"
	Youth Adjudications for alcohol offenses or OWI	Source: Justice Data Warehouse • Juveniles adjudicated for alcohol violations • OWI	Pro: Show legal problem Con: Culture and leniency from local judges; lawyers intervention; some counties are known to be more lenient than others; duplication - for one arrest, there can be several convictions	Yes Combined in a new construct: "Alcohol Violations, OWI Convictions (Rate per 10,000)"
	• Adult Offenses • OWI arrests	Source: DPS • Rate (per 10,000) adults arrested for liquor law violation • OWI	Pro: Show legal problem Con: Culture and leniency (or lack of) from law enforcement; primarily measures degree of law enforcement response to problem	Yes Combined in a new construct: "Alcohol Violations, OWI arrests (Rate per 10,000)"
	• Adult alcohol offense • OWI convictions	Source: Iowa Justice Data warehouse • Rate of alcohol conviction (per 1,000) county population	Pro: Legal consequences of alcohol abuse. Con: May be reflective of culture, court systems. There may be dropped charges that are not accounted for.	Yes Combined in a new construct: "Alcohol Violations, OWI convictions (Rate per 10,000)"

Domains	Indicators	Description	Pros & Cons	SEW Recommended
Consequence (continued)	Youth Suspensions and Expulsions from School	Source: DOE • Rate of school expulsions (per 1000) students in a county	Pro: Show risk factor for the future Con: Culture and leniency from school	No
	Domestic Abuse	Source: DPS • Percent alcohol in Domestic abuse arrests	Pro: Show impact on families Con: Not consistently recorded and indirectly related to the behavior and highly related to other demographics (age, income).	No
	Alcohol Related Crashes	Source: Fatality Analysis Reporting System/Governor Traffic Safety Bureau • Rate of alcohol related deaths (per 1,000) by county	Pro: Show the impact of alcohol Con: Question whether every death following crash is investigated? Yes	No
	ED Visit due to Acute Alcohol Poisoning	Source: Hospital discharge data • Rate of alcohol poisoning associated with ED visits per 10,000 county population	Pro: Will assess burden of alcohol Con: May not be primarily reported or result in lower rates in rural counties making comparisons subject to gross year-to-year fluctuations.	No

Domain	Indicators	Description	Pros & Cons	SEW Recommended
Environmental	Per Capita Alcohol Gallons Sales	Source: Alcoholic Beverage Division (ABD) • Total number of gallon sales in 2008 by total county population	Pro: Reflects environmental indicator of consumption Con: May reflect casinos or liquor stores, geographic differences in availability, vacation, entertainment centers, and interstate tax laws.	No
	Alcohol Licenses	Source: ABD • Liquor store density: number of liquor stores and licenses per 1000 county population	Pro: Demonstrate availability Con: May not correlate to or reflect local consumption.	No
	Youth Access	Source: IYS • Percent students report easy access to alcohol in community	Pro: Demonstrate perceived access Con: May only reflect student families. Based on student perception not access.	No
	County Size	Source: Census • 2008 population	Pro: May not leave out bigger counties in the selection. Considers where funding might help the most citizens. Con: Already accounted for when using rate with indicators. Also smaller counties may lose edge.	No

Domains	Indicators	Description	Pros & Cons	SEW Recommended
Environmental (continued)	Minorities	Source: Census • Proportion of county racial/ ethnic minorities	Pro: Integrate part of the cultural competence issue Con: Minorities do not have greater alcohol use. Counties without diversity may lose edge	No
	Center of Higher Learning	Source: Department of Education • Presence of community college/ university	Pro: May help reach young adults in the project Con: County without university or college may lose edge	No
Capacity (may be used secondarily after the scoring)	Coalition	Source: AC4C • Presence of a coalition	Pro: Address capacity Con: Coalition may not be really functioning. Counties with alternative means of collaborating may lose edge	No
	Treatment	Source: I-SMART • Rate of alcohol admission (per 1,000) county population	Pro: Demonstrates existence of services Con: Treatment centers are not recipients of the funding. May reflect availability of programs and funding. Resident of a county may receive treatment elsewhere thus inflating the numbers in those counties.	No

After selecting the indicators from Table 4, the Advisory Council requested the SEW research methods for selecting counties for funding. The SEW looked at several SPF SIG states and

presented different planning models to the Advisory Council including the Highest Need Model, Equity Model, Highest Contributors Model and the option of formulating another planning model. After agreeing on the Highest Need Model using ranking procedures, the Advisory Council discussed the "pros and cons" for including selected indicators in the model. Table 4 was designed to record the keys issues listed during this open discussion. When the Advisory Council needed input from the SEW, the last column was created to document the SEW input or recommendations.

From Table 4, the Advisory Council discussed which indicators to use in the ranking with input from the SEW represented by its chair and Consortium consultants. The indicators that reflect the priorities were then selected by the Advisory Council. The issue of the 6th and 8th graders, in terms of the 30-day use prevalence, was discussed thoroughly as 30-day prevalence was very low among these two grades. Because of the low prevalence and relatively small between county variability, the SEW recommended focusing on 11th grade 30-day alcohol use. The SEW suggested using alcohol consequence data as an "adjusting factor" in the selection process to respect the SPF alcohol consumption and consequence approach. The state EPI Profile included consequences as alcohol related fatal crashes, alcohol liver cancer deaths and suicide. Those indicators generated a very small number of cases at the county level. Therefore, the Advisory Council recommended the SEW devise a construct to adjust for consequences in the county ranking.

Although some Advisory Council members advocated for narrowing the goals to include the 18-24 age group within the adult binge drinking indicator, the Advisory Council agreed that the final decision would be left to the county to define its focus. The rationale for this decision was that the Advisory Council wanted the priorities to be more flexible so that if a county has a higher adult population they would be able to focus on that specific group. Furthermore, the lack of age group specific local data sources limited the choices available to the Advisory Council. The BRFSS may help determine state level prevalence of consumption data by age groups, but when it comes to county or local community data, its use is deemed limited. Having the binge drinking priority for all adults supports the CSAP characteristic of a lifespan focus.

The SPF SIG Advisory Council discussed and selected the SPF SIG priorities during the July 8, 2010 meeting. Julie Shepard, Vice Chair, led a discussion on choosing the State SPF SIG priorities. After discussion the priorities were adopted as follows:

- Reduce underage alcohol use (under age 21)
- Reduce adult binge drinking (18 and over)

Selecting Indicators

The SPF SIG cooperative agreement calls for a statewide assessment of consumption and consequence data. After selecting the priorities, the Advisory Council requested the SEW

research and devise a method from the literature or using key statistical methods to identify where the needs are. The SEW reviewed other SPF SIG states' practices. The fact that Iowa defined "community" as a county gave some flexibility in using ranking procedures to select counties based on the highest need model. The SEW developed an algorithm which is based on alcohol consumption and consequence indicator distribution in the counties. The Advisory Council reviewed different alcohol consumption and consequence indicators, using different combinations, looked at the indicator magnitude in "masked" counties. They then assessed the pros and cons of each indicator with the selected a set of indicators that members believed would better represent the SPF SIG cooperative agreement priorities.

The Advisory Council selected as indicators 11th grade 30 days alcohol use, adult binge drinking, and a composite law enforcement construct, the rate per 10,000 of legal consequences. This composite construct consisted of the 2008 rates per 10,000 county population of juvenile adjudications due to alcohol, adults alcohol offense and operating while intoxicated convictions (Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning, Justice Data Warehouse). The SEW received feedback from the Division of Criminal and Juvenile Justice Planning that the youth adjudication data was not reliable. Judicial Court Districts address juvenile adjudications differently and districts were not releasing juvenile adjudications data at the county level due to the small number of cases, which violates the confidentiality protocol. Due to these concerns, the SEW decided not to use juvenile adjudication data in the selection indicators. This change in indicators was discussed by the Advisory Council and was approved by the members.

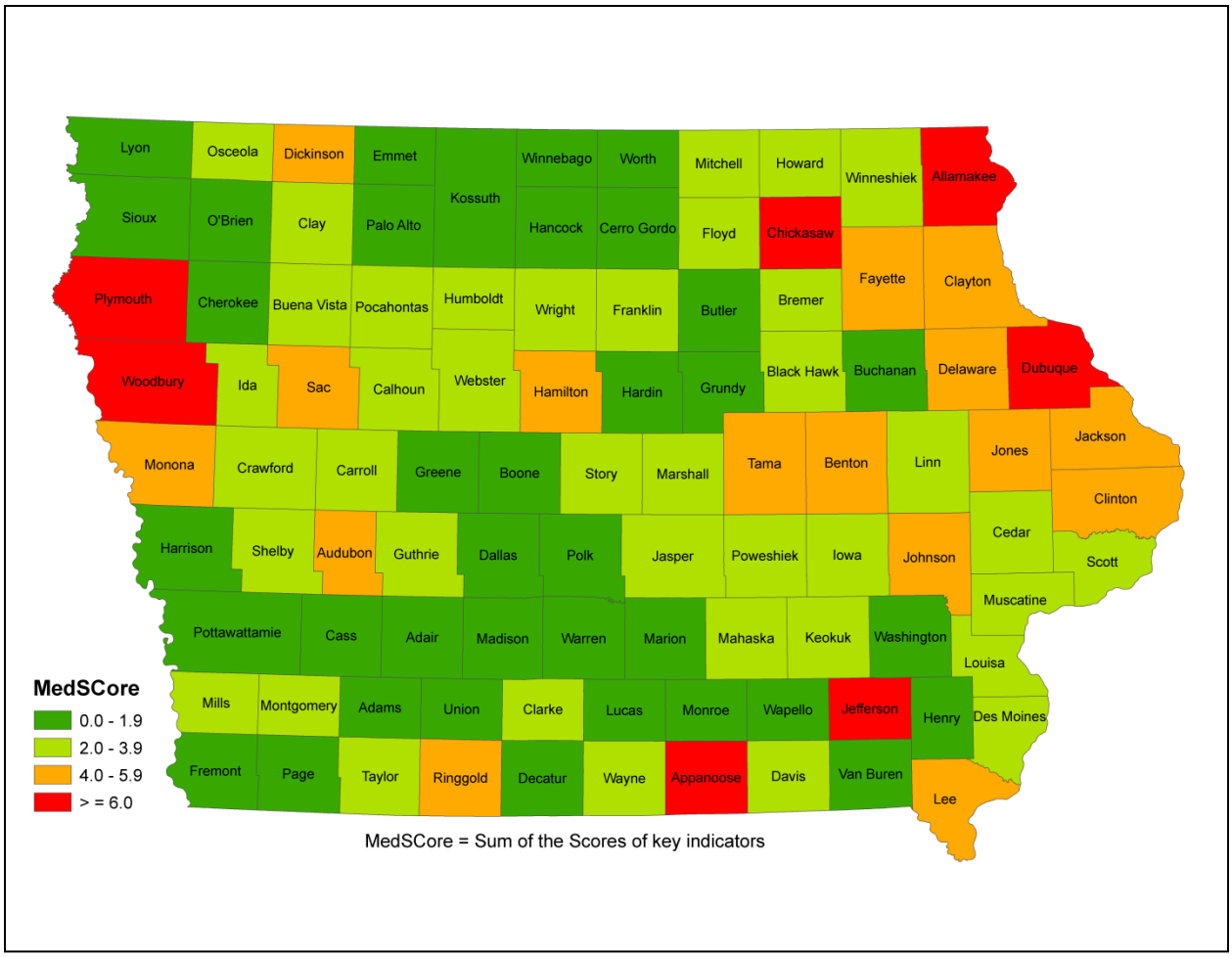
The 99 Iowa counties were ranked by the magnitude of each county's indicators (adult binge drinking county prevalence from the combined BRFSS, 11th grade 30 days alcohol use county prevalence from the IYS, adult alcohol offenses and adult OWI conviction rates) and each indicator rank was given a score from zero to three. County indicators that were in the top 10% were given three points, those in the 10 to 25% range received two points, one point was given to counties in the 25 to 50% range and counties in the lower than 50% range were awarded zero points. After the scoring, a sum of the score was generated using the sum of the consumption indicators scores and the mean of the legal consequence scores. The total score ranged from zero to 7.5.

Results

After the discussion, the SEW recommended a cut-off value score of 4.0. There were 23 counties with a score greater than or equal to 4.0. These 23 counties were recommended to the Advisory Council for selection and funding (Figure 15). As for readiness, the counties selected will be asked to demonstrate the desire and the capacity for completing the SPF process by submitting a letter of intent along with a collaboration agreement with community coalitions and key stakeholders in the county. In the case that all identified counties agree to the process, each

selected county will be funded through an amendment of the Comprehensive Substance Abuse Prevention contract that can address countywide issues. If a county decides to not participate in the process, the next county on the ranking list will be contacted.

Figure 15: Selected Counties for Funding



Description of SPF SIG Priorities

The SEW summarized in the Epidemiological Profile alcohol use in the state from the IYS and national sources, NSDUH and BRFSS. The priorities are further supported when the percentage of individuals is examined more closely as noted below:

- Alcohol is the most frequently used substance in Iowa and across the United States; 52.62% or approximately 1,300,000 of Iowa residents 12 years of age or older are current alcohol users (NSDUH, 2006-2007).
- The rates of current alcohol use (58%) and binge drinking, (20.2%) by Iowa adults are significantly higher than the corresponding national rates (54.5% and 15.6%) (BRFSS, 2008).

- While there is a downward trend in alcohol use by youth over the last few years, approximately 14% of all students surveyed in 2008 reported using alcohol before turning 13 years old. For every three 11th graders in Iowa, at least one drank alcohol within the past month (IYS, 2008).

After reviewing an array of data, the SPF SIG Advisory Council selected 1) reduce underage alcohol use (under the age of 21) and 2) reduce adult binge drinking (18 and over) as the state priorities through a formal consensus process (using Robert's Rules of Order led by Julie Shepard, Vice Chair). These priorities were unanimously approved by the Advisory Council quorum at the July 8, 2010 meeting. The following Advisory Council members were present: Kevin Frampton, Tammy Harris, Jeanie McCarville Kerber, Martha McCormick, Steve Michael, Linda Phillips, SFC Greg Pliler, Deb Rohlfs, David Runyon, Julie Shepard (Vice Chair), Dr. Victoria Sharp, Eric Snyder, Monica Wilke-Brown, and Kelly Wooden.

Iowa's SPF SIG project will reduce binge drinking, underage drinking and related problems through a community-driven, data-supported and state-guided process. The project will expand and improve the quality and capacity of the prevention system at both the state and community level by judiciously following the five steps of the SPF. The overall goal and objectives of the project are listed below:

Goal: To prevent and reduce binge drinking, childhood and underage drinking; reduce substance abuse related problems; and build prevention capacity and infrastructure at the state and community levels.

Objective: *Continue and expand the work of the SEW and establish sub-recipient-level Epidemiological Workgroups to identify intervening variables related to binge and underage drinking.*

Objective: *Initiate the broader implementation of environmental evidence-based programs and practices (EBPs) with a minimum of one per funded county.*

Objective: *Build capacity through statewide training opportunities as well as monitoring and evaluating the progress of counties for continuous improvement of service delivery.*

CAPACITY BUILDING

Areas Needing Strengthening

Iowa faces many challenges in effectively addressing substance abuse and mental health problems. The state spent an estimated $1,028,083 in 2005 on burdens imposed by substance abuse (Shoveling Up Report, 2009). This figure includes substance abuse costs incurred in such

programs as health and mental health, corrections, child and family welfare. The amount spent on research, prevention, and treatment of substance abuse in Iowa is less than one half of the national average.

Several areas are in need of improvement for successful implementation of the SPF SIG initiative. The prevention system in Iowa will benefit from gaining the ability to: 1) enhance an understanding and demonstration of cultural competency in prevention services; 2) participate in in-depth training and technical assistance regarding the SPF process and environmental strategies; and 3) retain qualified prevention staff through workforce readiness.

Cultural Competency

Cultural competency has generally been addressed in the state prevention system through development of prevention materials in multiple languages and implementation of culturally appropriate evidence-based programs. There is often a limited view of cultural competency which encompasses only race and ethnicity. In Iowa the largest cultural issue to address appears to be the multigenerational norm related to alcohol use and social acceptance that exists in rural Midwest white communities. The social culture accepts underage drinking as a routine rite of passage. Events center on drinking alcohol, glorify drinking and may even promote underage drinking. In order to address these issues, sub-recipients will choose two or three specific populations that are relevant in their county. After selection, training will be provided on prevention messages and strategies to engage the specific populations in prevention services. Additional training on cultural competency practice will also be provided through regional training. This training will focus on expanding the definition of cultural competency and providing culturally competent prevention services, especially environmental strategies. Both the IDPH Office of Minority and Multicultural Health and CRET will be important partners in strengthening cultural competency.

Training and Technical Assistance

In order to increase capacity around the SPF process, consistent regional training opportunities needs to created. Currently, prevention specialists receive orientation from their specific prevention agency. Many agencies encourage new prevention staff to attend the Substance Abuse Prevention Specialist Training (SAPTs). This training hosted by IDPH and MCTC is offered for free to anyone who would like to attend. SAPTs is offered twice a year, once in the fall and once in the spring. Additional training opportunities sponsored by IDPH occur through Training Resources, such as the Governor's Conference on Substance Abuse and the Prevention Conference. Unfortunately, recent budget cuts greatly decreased training budgets for agencies. There is a need for regional training opportunities so that agencies and coalitions alike can attend without incurring the cost of travel and training registration. Through the SPF SIG project, IDPH will create a team of Capacity Coaches that will provide a variety of training opportunities throughout the State of Iowa.

Workforce Readiness

The Iowa prevention system relies on county-level agencies to deliver effective and accountable services. Unfortunately this system faces unacceptably high rates of staff turnover and lacks a fully effective system for training the workforce to meet the professional demands of the prevention field. Prevention staff are often hired by agencies to deliver evidence-based, multi-session programs to youth and do not always possess the skills for community-level change strategies. IDPH distributes SAPTBG funding to all 99 Iowa counties for prevention services. It has no authority to set salary ranges for the agency's prevention specialists. Turnover is a constant issue that prevention agencies face often due to low salaries and lack of opportunities for advancement.

In 2004, IDPH with assistance from CSAP convened a group of leaders in the prevention field to form the Iowa Workforce Development Task Group. The purpose of this group was to develop a plan to support and enhance Iowa's prevention workforce. This group created and disseminated a prevention workforce survey and established a workforce development plan based on the survey data gathered. New data needs to be collected through the same survey along with updating the workforce development plan. These items will be revisited through the Project Team and SPF SIG Advisory Council.

Other Areas to be Strengthened

Additional areas to be strengthened include the following:

a. A plan for involving returning veterans and their families in the SPF SIG process, as required by SAMHSA, should be created. During the summer of 2010, the Iowa National Guard experienced the largest deployment since World War II. The Advisory Council will assist in providing insight and direction on how to engage this population throughout the project. There is both National Guard membership on the Advisory Council and the Evidence Based Practice Workgroup. Initial discussions have already taken place.

b. The Underage Drinking State Plan, created by the Underage Drinking Task Force, needs broader support for implementation. The SPF SIG Project Coordinator co-chairs the Underage Drinking Task Force meetings and will provide connection to the Underage Drinking State Plan within SPF SIG.

c. Role delineation between prevention agencies and coalitions needs to be addressed. In many Iowa counties there is role confusion between substance abuse prevention agencies and substance abuse prevention coalitions. Some prevention agencies do not effectively collaborate with local coalitions. Some coalitions feel they should be offering many of the same services that the prevention agency provides. There is often competition

between agencies and coalitions for prevention funding instead of true collaboration. SPF SIG will provide a path to partnership in these counties which will positively affect the prevention field statewide.

State and Community-level Services

Iowa received SIG funding from October 2001 until May 2006 and the project was administered by IDPH. Model programs were implemented by 28 sub-recipients which produced positive results to reduce substance abuse in Iowa. Many of the innovative processes started with the SIG have been sustained in the current prevention system such as using database builder with the SAPTBG. Iowa received methamphetamine funding from CSAP from October 2003 to May 2007. IDPH administered the funding of five community-based sites. These grantees implemented model programs and community education as well as developed a school based implementation guide. Iowa received a SEOW grant in 2006 and has completed the SEOW Epidemiological Profile for Iowa. This document outlines the substance abuse issues in Iowa and is the driving force behind how Iowa prioritized the SPG SIG efforts.

Since receiving SPF SIG funding, the state has established the Iowa SPF SIG Advisory Council. From the inception of the Advisory Council, careful consideration was given to the selection of Advisory Council members. To ensure strong project leadership, Governor Chet Culver appointed Kathy Stone, IDPH Division of Behavioral Health Director and SSA, to chair the Advisory Council. The remaining 19 members were recruited from both public and private sector organizations and agencies. These members have variety of experiences, education and interest in prevention. The SPF SIG Advisory Council will provide guidance and direction to IDPH through the entire SPF SIG project.

IDPH and other partners in the SPF SIG cooperative agreement will provide regional training in each step of the SPF process, environmental strategies, evaluation and data gathering. Training will be open to sub-recipients, coalitions and prevention agencies. IDPH will work to ensure that vital sectors are involved in each sub-recipient county to include veterans, law enforcement, businesses, youth, and additional members that represent the diversity of the county. IDPH has a training and technical assistance work plan with the Central Regional Expert Team (CRET) to provide training and support at the state level on each step of the SPF process.

State Infrastructure

The IDPH Project Team consists of the SPF SIG Project Director, Project Coordinator, Epidemiologist, Substance Abuse Bureau Chief, Division of Behavioral Health Director and SSA, as well as a Prevention Consultant. The Division Director meets regularly with the IDPH Director. She serves on the Governor's Office of Drug Control Policy's DPAC, which in turn informs the Governor's Office. The SPF SIG Lead Evaluator is funded through a contract with the Consortium to provide evaluation services. The expertise of the Project Team will lead Iowa

in the SPF process as team members work closely with the Capacity Coaches who will offer training and technical assistance to the SPF SIG sub-recipients.

State-level capacity will also be increased through the direction and work of the SPF SIG Advisory Council. The Advisory Council is composed of members that represent a variety of state and community organizations. This cross-section of members creates an opportunity to strengthen the state prevention system and the other systems it impacts. The Advisory Council will play a vital role in advising the direction of the SPF SIG through meaningful discussion and questions. The Advisory Council members will receive formal methods of training as well as resource documents to increase understanding of issues impacting the prevention field.

Supplemental materials will be provided to the Advisory Council members and include CADCA's SPF Primers, Iowa Epidemiological Profile and subcommittee documents as needed. Each member has been provided with a binder with an overview of the SPF SIG project, description of the SPF process, Advisory Council operating procedures, Advisory Council membership list with contact information and contact information for the Project Director, Project Coordinator, Lead Evaluator and Epidemiologist.

Capacity will be increased through the Evidence-Based Practices Workgroup. Member organizations include the Iowa Department of Education, Iowa State University, the Iowa National Guard, as active members of the workgroup. This group has approved several guidance documents for distribution to sub-recipients including the "Environmental Strategies: Selection Guide, Reference List and examples of Implementation Guidelines" document which was used by several Cohort 1 SPF SIG states as well as the "Identifying and Selecting Evidence-Based Interventions" document from CSAP. This will be responsible for reviewing and approving the action plans and logic models from each sub-recipient.

Capacity Coaches

Training and technical assistance is a vital component of Iowa's SPF SIG project. In order to expand capacity across the State of Iowa to understanding the SPF SIG process, IDPH will establish a team of Capacity Coaches to provide training and technical assistance to SPF SIG sub-recipients. Trainings will occur regionally throughout the state and will cover a variety of topics including each step of the SPF process. The selected Capacity Coaches will provide trainings to sub-recipients throughout the remaining four years of the SPF SIG project. The timeline for the first year the coaching system is introduced is included in the table below:

Table 5: Coaching System Timeline

Proposed Date	Training Activity
1-31-11	Request for Proposal posted to IDPH Website for Capacity Coach selection

3-23-11	Capacity Coach selection completed
4-11-11	Capacity Coaches attend Training the Trainer session
5-16-11 – 7-29-11	Regional Trainings begin on the first three SPF steps
8-15-11 – 9-16-11	Regional Trainings occur on the Implementation step

IDPH will utilize a competitive Request for Proposal (RFP) process to identify six to eight coaches in Iowa. These selected coaches will have experience in prevention and preferably, hold a Prevention Specialist certification and will have successfully completed the Substance Abuse Prevention Specialist Training (SAPT) course. Additional experience in providing training and technical assistance will also be required. The RFP process will ask that applicants describe their experiences with each step of the SPF process.

To increase their effectiveness, coaches will participate in key trainings prior to their delivery of training and technical assistance to sub-recipients. Selected coaches will receive support and training from IDPH and the Central Regional Expert Team (CRET) throughout every year of the project. Expectations of the coaches are listed below:

Table 6: Expectations of Capacity Coaches

Expectation	Description	Dedicated Hours
Training of Trainers	Topics covered include in depth training on each step of the Strategic Prevention Framework, how to provide technical assistance, cultural competency, sustainability, working with college populations, training on the IDPH strategies used to implement the SPF, and others to be identified by the coaches based on need.	40 hours per year
Training Communities	Coaches will provide at least three regional SPF trainings with co-presenter per year to counties. Coaches should expect to provide 24 hours of training each year, not including preparation time.	3 trainings per year/24 hours per year
Creation of new trainings	Coaches will assist with creation of additional trainings and materials for the SPF SIG project	10-15 hours per year
Technical Assistance	Coaches will provide ongoing technical assistance to counties upon request from IDPH	5-10 hours per month each year/60-120 hours per year
Training	Coaches will participate on the Training	2 hours per month/2

Workgroup	Workgroup, a subcommittee of the SPF SIG Advisory Council	per year

In order to most effectively utilize the Capacity Coaches system, the state will be split into four sections based on the location of the counties identified as highest need and coaches will be paired to co-facilitate regional trainings in these identified areas. Trainings will occur as counties move through the SPF process. Coaches will also be assigned two to three counties in order to provide technical assistance. If possible, coaches will be assigned to counties close to their own agency location. Coaches will be expected to provide at least two to three hours of technical assistance per county each month, although some counties will require additional technical assistance and some may require less depending on their level of capacity. The Project Director will conduct monthly conference calls or webinars with these coaches to provide support and discuss questions or concerns. She will also attend the regional trainings as time permits.

A training plan will be created and implemented for the SPF SIG Advisory Council. CRET as well as the Capacity Coaches will assist in facilitating these trainings. Training topics will include a substance abuse prevention overview, Iowa's prevention infrastructure and services, understanding coalitions, cultural competence, sustainability as well as other topics to be decided based on needs of the Advisory Council.

The Capacity Coaches will provide trainings to sub-recipients on a variety of topics which are listed in the table below. The state prevention system will also benefit from offering assistance beyond funded sub-recipients, as trainings will be open to non-sub-recipients in order to expand capacity regarding the SPF process. Although the training will focus on assistance and technical assistance to sub-recipients, the residual effects may be beneficial to other counties, even though they have not received financial support from the SPF SIG. SAPTBG providers are required to attend two trainings in FY11 to assist them with their requirement to apply the first three SPF steps with one coalition in their service areas.

Table 7: Training Topics and Audiences

Training Topic	Advisory Council	Sub-recipients	Capacity Coaches
SPF SIG Overview	X (completed)	X	X
Substance Abuse Prevention Overview	X		
Iowa's Prevention Infrastructure and Services	X		

Coalition Overview	X		
Assessment	X	X	X
Capacity Building	X	X	X
Planning	X	X	X
Implementation	X	X	X
Evaluation	X	X	X
Environmental Strategies	X (completed)	X	X
Cultural Competency and Prevention Practice	X	X	X
Sustainability	X	X	X
Effective Coaching			X
Working with College/Young Adult Populations		X	X

To further assist with the training component of the SPF SIG project, a Training Workgroup will be established as a subcommittee of the SPF SIG Advisory Council. Membership will be a combination of persons from the Advisory Council and the Evidence Based Practice Workgroup. This group will be responsible for deciding training topics, assessing training needs and will assist as reviewers in selecting the Capacity Coaches through an RFP process. The Training Workgroup will create a detailed training plan for sub-recipients and for the Advisory Council with the guidance from the IDPH Project Team and CRET.

The sustainability of the training infrastructure is an important piece of Iowa's SPF SIG project. Currently, Iowa has a training system in place and relevant prevention trainings are offered throughout each Fiscal Year through Training Resources. These trainings include an annual Prevention Conference, the Governor's Conference on Substance Abuse and a variety of one-day prevention trainings. Iowa is also fortunate to have the Midwest Counterdrug Training Center, a National Guard facility that offers an array of free prevention trainings. IDPH has partnered with MCTC to provide the Substance Abuse Prevention Specialist training along with Substance Abuse Prevention Ethics twice yearly free of charge. MCTC has also hosted CADCA's National Coalition Academy several times in the past and this training is once again being offered beginning in February 2011. IDPH will continue to collaborate with MCTC to support training

at the end of the SPF SIG project. IDPH plans to redirect some training funding to support the Capacity Coaches after completion of the SPF SIG cooperative agreement. Training priorities will be determined each year and funding will be assigned to the Capacity Coaches system based on training need.

Role of the SEW

The State Epidemiological Outcome Workgroup has become a vital resource for prevention; issuing state profiles in July 2007, February 2008 and 2009. The SEOW was renamed the SEW after Iowa received SPF SIG funding. The SEW produced a fourth Epidemiological Profile which has yet to be disseminated. SEW members represent a broad cross-section of researchers, prevention consultants, educators, community-based organizations and institutions. Iowa's SPF SIG project, working with the SEW, will drill down community-level data, community assessment and need identification to ensure that all efforts are data-driven. The SEW will be a central component of the SPF SIG project and will expand by creating community-level Epidemiological Workgroups that will assess, collect and analyze community-based data on substance abuse and related problems. These groups will function as informational liaisons and will promote broad community understanding of consumption and consequence data.

The SEW will "Iowanize" a Community Needs Assessment Workgroup previously used by Wyoming and other SPF SIG states. This workbook will be used by sub-recipients to assist them in working through the Assessment step.

Community-level Capacity Building Services

Iowa has been moving to a more outcome based prevention system. This includes incorporating SPF across funding streams. The SPF process was included in the Comprehensive Substance Abuse Prevention RFP, which is funded by the SAPTBG. Prevention agencies will be expected to assist community coalitions in completing the first three steps of the SPF process.

The Capacity Coaches will provide regional training opportunities to sub-recipients and non-sub-recipients alike. Sub-recipients will be expected to have representation at each training offered and this requirement will be included in the contract amendment information. Technical assistance will also be provided by the Capacity Coaches throughout the SPF SIG project. The capacity of prevention agencies and coalitions will be increased through the SPF process and improved services will be sustained after the funding is discontinued.

Capacity involves mobilizing resources, engaging stakeholders, partnerships with the community, building coalitions, developing readiness, and focusing on cultural competency, sustainability and evaluation. The Project Team and Capacity Coaches will provide sub-recipients with a variety of information, resources and tools to help increase their capacity.

Capacity Assessment Instruments

Sub-recipients will be responsible for completing a variety of capacity assessments including a Workforce Development Assessment and others. This assessment tool is explained further below:

> Iowa Workforce Development Survey – In 2004, IDPH with support from CSAP convened a group of leaders in the prevention field to form the Iowa Workforce Development Task Group for the purpose of developing a plan to support and enhance Iowa's prevention workforce. This group developed a custom survey for Iowa prevention providers to evaluate the prevention workforce which was distributed in the summer of 2004. New data is now needed as the state begins reviewing prevention workforce needs through SPF SIG. This survey will be implemented statewide in order to build statewide capacity

PLANNING

State Planning Model

CSAP outlines four planning models to consider including highest need areas, equitable distribution across the state, distribution to large populations areas or a hybrid. The Advisory Council was provided an in-depth briefing of each model and of the substance abuse consequence and consumption data. The SPF SIG Advisory Council approved the Highest Need Model. This allocation model was selected through a formal consensus process using Robert's Rules of Order led by the Advisory Council Chair, Kathy Stone. The Highest Need Model gives the greatest weight to the counties with highest need, areas contributing the most to the priorities and the capacity for prevention agency and coalition collaboration.

Community-based Activities

Planning Sub-recipient Responsibilities

The following timeline has been implemented for the initial phrases of the SPF SIG project:

Table 8: Project Timeline for Sub-recipients

Proposed Date	Project Timeline
3-04-11	Invitation letter sent to Comprehensive Substance Abuse Prevention Agency and Contract Amendment with Collaborative Agreement forms provided to Comprehensive Substance Abuse Prevention Agencies
3-16-11	SPF SIG Project Informational Webinar
4-18-11	Completed Contract Amendment and Collaborative Agreement due to Project Director

5-02-11	Contract start date
10-01-11	Counties submit Strategic Plans for approval
12-14-11	Counties begin implementation of EBP's

The following activities will be completed by sub-recipients and supported by SPF SIG allocations:

Contract Amendment and Collaborative Agreement

Funding will be provided to Comprehensive Substance Abuse Prevention agencies through a contract amendment. These same agencies will be responsible for meeting with DFC grantees, substance abuse prevention coalitions and other stakeholders to establish a collaboration agreement. This agreement will include such information as budget, hiring expectations, the roles of various organizations involved in the project and a description of the meetings that occurred with various sectors. The prevention agency, DFC grantee and other stakeholders will jointly sign the collaborative agreement and will submit both the completed agreement and contract amendment to IDPH within one month of receiving the forms.

Attendance at Trainings

Sub-recipients will ensure representation at each training offered on the steps of the SPF process and other training as identified by IDPH and the Capacity Coaches. Training will be made available regionally.

Needs Assessment Data

Sub-recipients will provide needs assessment data including readiness assessment and environmental scans in order to complete the Community Needs Assessment Workbook and Tri-Ethnic Community Readiness Survey.

Local EPI Workgroups

The creation a community-level Epidemiological Workgroup will be the responsibility of sub-recipients. This workgroup will gather data, critically interpret data and assist with completing the Community Needs Assessment Workbook.

Capacity Building Assessment

Sub-recipients will be required to assess capacity through a variety of formats including completion of a coalition checklist for each coalition involved in the project in the county, a capacity workplan which describes a plan to build capacity in the county and a capacity assessment on the SPF process in order to better provide training and technical assistance.

Logic Model and Implementation Action Plan

Each sub-recipient will be responsible for developing a logic model that depicts the strategies, programs and policies they will implement to achieve population-level change. Sub-recipients will also create an implementation action plan which highlights the proposed services. While community input will be sought as each county designs its logic model and action plan, training and technical assistance needs may vary depending on the proposed strategies.

Upon completion, each sub-recipient will submit a logic model and action plan to the Evidence-Based Practice Workgroup for feedback and approval. The workgroup will review logic model and actions plans within a six-week timeframe in order to allow time to request changes from the sub-recipients. The entire review process will occur over a two-month timeframe. The workgroup will collaborate with the Project Director and Project Coordinator to ensure that appropriate technical assistance and training occur as needed for successful implementation.

Implement Environmental Strategies

Sub-recipients will implement environmental strategies based on intervening variables. Guidance in selecting strategies will be given in the Planning step. Sub-recipients will be provided with a list of strategies that match intervening variables from which to choose. The list will be based on federal sources and through guidance by the Evidence-Based Practice Workgroup.

Sustainability Plan

The Project Team and Capacity Coaches will work with sub-recipients to create a sustainability plan which will not only focus on sustaining project activities, but will also highlight sustaining the outcomes from the project. This plan will match prevention strategies to resource development approaches and will set benchmarks for progress in achieving sustainability. Part of the plan will be developed during each step so that it is clearly infused throughout the SPF.

Progress Reports and Yearly Evaluation

Each sub-recipient will be responsible for submitting progress reports and completing yearly evaluation processes. These reports will focus on descriptions of cultural competence and cultural inclusion. Sub-recipients will submit required reports to CSAP through the Management Reporting Tool and will utilize the ODSS to document process and outcome data. Data entered into the ODSS and MRT will be reviewed by the Project Team along with quarterly progress reports, claim forms and expenses.

Allocation Approach

Funding Sub-recipients

It was an important decision made by the SPF SIG Advisory Council to fund sub-recipients through a non-competitive process. The Advisory Council was concerned that a competitive Request for Proposals (RFP) process, besides taking a considerable amount of time (up to eight months), could engender competition at the local level rather than collaboration. The only available alternative to a competitive RFP was the Highest Need Model.

Highest need counties were identified based on the following data, directly related to the two selected Iowa SPF SIG priorities:

- adult binge drinking prevalence from the combined BRFSS
- 11th grade 30 day alcohol use prevalence from the IYS
- adult alcohol offenses conviction rate
- adult OWI convictions

The sub-recipients that will receive SPF SIG funding are the Comprehensive Substance Abuse Prevention agencies (those agencies receiving SAPTBG funding) in the 23 counties identified as highest need. These agencies will lead the process to develop a collaboration agreement with DFC grantees, substance abuse prevention coalitions and other stakeholders in the county. In order to strengthen countywide collaboration, this group will collectively decide how the funding will be disseminated, how the project will be lead and on hiring decisions. This information will be collected and documented on a collaboration agreement to be submitted to IDPH for review.

To best support local county planning, four year SPF SIG funding will be offered to the highest need counties as follows:

a. IDPH will identify every DFC grantee, substance abuse community coalition and Comprehensive Substance Abuse Prevention agency in each identified highest need county.

b. IDPH will educate these grantees, coalitions, and agencies about the SPF SIG in general and will specifically inform them of the expectations for training, establishing a local Epidemiological Workgroup and working collaboratively through the SPF process.

c. The DFC grantees, coalitions, and Comprehensive Substance Abuse Prevention agencies will be invited to meet and jointly develop an initial collaboration agreement, detailing how they will work together to address SPF priorities and how funds will be distributed to each participating grantee/coalition/agency. The Comprehensive Substance Abuse Prevention agency will lead this collaboration process but how the funding is distributed within the county will be a group decision to be described within the collaboration

agreement. The plan must be signed by a representative of each participating grantee, coalition, and agency and be submitted to IDPH by April 18, 2011.

d. Funding will then be distributed to each county through an amendment to the contract currently in place between IDPH and the county's Comprehensive Substance Abuse Prevention agency. The Comprehensive Substance Abuse Prevention agency will act as fiscal agent in directing funding to DFC grantee(s), community coalition(s) and the prevention agency itself, consistent with the agreed-upon collaboration agreement, which will be incorporated by reference into the contract amendment.

Based on planning to-date, IDPH proposes to fund sub-recipients in the following 23 counties:

1. Allamakee
2. Appanoose
3. Audubon
4. Benton
5. Clinton
6. Delaware
7. Dickinson
8. Dubuque
9. Chickasaw
10. Clayton
11. Fayette
12. Hamilton
13. Jackson
14. Jefferson
15. Johnson
16. Jones
17. Lee
18. Monona
19. Plymouth
20. Ringgold
21. Sac
22. Tama
23. Woodbury

On December 1, 2010, the SPF SIG Advisory Council voted and unanimously approved funding counties at set base amount to complete the first three steps of the SPF process and then funding these same counties at a higher rate based on county population for the last two SPF steps. The Advisory Council also voted and unanimously approved the IDPH Project Team establishing the funding allocation amounts within this model.

Careful consideration was given to the amount of resources needed to provide population-level change in the highest need counties. The funding levels developed by the IDPH Project Team have been endorsed by the IDPH Division Director and the Bureau Chief of Substance Abuse.

Each of the 23 counties will receive $60,000 in base funding to complete the assessment, capacity and strategic planning SPF steps. This funding will assist counties in supporting a full-time staff person dedicated to the project, benefits, mileage to trainings and meetings, support for a local EPI workgroup and other costs as necessary. After the first three steps have been completed, a $55,000 base will be provided along with $15,000 to support implementation and evaluation services, which totals $70,000. This increase in funding will allow counties to continue supporting a staff member and implement a variety of environmental strategies. In addition to the $70,000, counties will receive another level of funding dependent on county population based on 2009 Census data (Table 9). This funding model is an equitable way to

distribute additional funding to each county and will provide additional resources to counties with a higher population.

Table 9: Funding Per County for Implementation and Evaluation SPF Steps

County Name	Population	Funding Total
Ringgold	4,944	$71,457.79
Audubon	6,032	$71,778.6
Monona	8,882	$72,618.95
Sac	10,059	$72,966.01
Chickasaw	12,017	$73,543.34
Appanoose	12,698	$73,744.14
Allamakee	14,407	$74,248.06
Hamilton	15,238	$74,493.09
Jefferson	15,472	$74,562.09
Dickinson	16,623	$74,901.47
Delaware	17,205	$75,073.08
Tama	17,377	$75,123.8
Clayton	17,463	$75,149.16
Jackson	19,728	$75,817.02
Fayette	20,164	$75,945.57
Jones	20,364	$76,004.55
Plymouth	24,210	$77,138.58
Benton	26,734	$77,882.81
Lee	35,477	$80,460.78
Clinton	48,934	$84,428.72
Dubuque	93,072	$97,443.29
Woodbury	102,831	$100,320.8
Johnson	131,005	$108,628.3
	Total Population = 690,936	Total Funding = $1,813,730

County sub-recipients will also be required to submit a collaboration agreement that must be jointly developed, signed and submitted to IDPH for approval. This agreement will require the Comprehensive Substance Abuse Prevention agency in the highest need county to meet with DFC grantees, substance abuse prevention coalitions and other stakeholders to discuss creating a joint plan to SPF SIG.

IDPH is developing monitoring processes to ensure sub-recipients do not comingle SPF SIG funding with other related funding. IDPH will ensure sub-recipient accountability through implementation of fraud prevention measures. The SPF SIG Project Director will provide oversight of subcontracts by requiring regular reporting by sub-recipients and participation in site visits.

Implications of Allocation Approach

Both the Highest Need Model and allocation approach will lead to successful implementation of the SPF process in Iowa. Through the SPF SIG project, IDPH will be implementing an innovative approach by funding sub-recipients through a needs-based approach. One proposed advantage is to decrease the divisiveness that competition can cause in counties. By asking agencies and coalitions to submit an agreement for funding, IDPH will promote role delineation and a more effective collaboration.

By reserving money for establishing a team of Capacity Coaches, capacity will be increased at both the state and community levels. The Capacity Coaches will also give a leadership opportunity for some outstanding prevention professionals, which is an important workforce development strategy.

Implications of Supporting the Sub-recipients

Through the support of SPF SIG county sub-recipients, Iowa will increase the effectiveness of the prevention field by:

- Implementing evidence-based policies and programs and focusing on population-level change through environmental strategies
- Promoting collaboration and coordination and role delineation between prevention agencies and coalitions
- Reducing service overlap within a countywide area

Non-SPF SIG Resources

IDPH administers the SAPTBG which funds the current prevention infrastructure and has been foundational for establishing and maintaining this prevention system. This funding will also support those agencies that will receive SPF SIG dollars through a contract amendment process. IDPH will ensure that no duplication of services occurs through both funding sources.

IMPLEMENTATION

Effective delivery of training and technical assistance will have a strong impact on the success of implementation efforts in counties.

State-level Implementation Activities

IDPH plans to involve other state partners in each step of the SPF process and each partner will be encouraged to involve their local system to follow similar processes. Iowa's Drug Control Strategy, an annual report to the Legislature, will be a focus for documenting positive changes at the state level. The SSA Director as a member of DPAC contributes to the strategy.

Training and Technical Assistance System

Required training will be provided for each step of the SPF process. At the end of every training session, an evaluation will be given to participants to determine training effectiveness and additional technical assistance needs. In addition, site visits will be held initially with each sub-recipient and then as resources or circumstances dictate. The Epidemiologist will work with local Epidemiological Workgroups throughout the project.

Three trainings focusing on the first three SPF steps will be offered to all sub-recipients after they receive funding and will be made available to interested agencies or coalitions not funded through SPF SIG. Multiple mechanisms for providing the training through the Capacity Coaches will be employed including regional training, webinars and conference calls. MCTC will provide technical assistance for each of these trainings. Training evaluation forms will be used to collect feedback and improve the training process.

Training and Technical Assistance Reporting

In order to have successful implementation of the Capacity Coaches, a reporting structure will be instituted. The following components will ensure accountability and quality services:

Reporting System

The Capacity Coaches will provide monthly logs to the Project Director regarding trainings provided as well as technical assistance given to sub-recipients. Each coach will be given guidance on what information will be documented on logs and due dates. This reporting system will allow the Project Director to address additional training and technical assistance needs on a consistent basis.

Evaluation

Evaluations will be provided after every training facilitated by the Capacity Coaches. The Project Director will review all evaluations and provide feedback to trainers. Issues noted in evaluations will be discussed with individual coaches or with the Capacity Coaches.

Site Visits

The Project Director will attend trainings provided by the Capacity Coaches. She will also meet with coaches consistently through face to face meetings, conference calls or Webinars. Issues will also be addressed through the Training Workgroup, a subcommittee of the SPF SIG Advisory Council.

Ensuring Successful Training Implementation

Each Capacity Coach will participate in the Training Workgroup, a subcommittee of the SPF SIG Advisory Council. This group will meet consistently and will discuss issues or concerns that the Capacity Coaches maybe encountering. The Project Director will meet with the

Capacity Coaches monthly during the first year the team is established. Meetings will occur in person, via webinars or conference calls. Capacity Coaches will receive additional guidelines and expectations regarding technical assistance, which are currently in the process of being created.

Drug Free Communities

Comprehensive Substance Abuse Prevention agencies will be required to involve funded Drug Free Communities grantees in the SPF SIG initiative if located in the 23 counties with highest need. This collaboration will ensure coordination of services and avoid duplication. If there is more than one Drug Free Community grantee in a county, the sub-recipient will be expected to partner with each DFC coalition. This partnership will be valuable due to the experience and partnerships that DFC coalitions have established. This involvement is also a requirement of the SPF SIG Cooperative Agreement.

EVALUATION

The evaluation of Iowa's SPF SIG is a complex set of activities that will be conducted by the Project Team, Consortium staff, the SEW and the Advisory Council. The Project Team along with the Capacity Coaches and the Consortium will:

- Work with sub-recipients to select the evaluation processes used with specific strategies for funding through SPF SIG
- Provide additional training to sub-recipients
- Provide technical assistance to sub-recipients through local EPI Workgroups

Cross-Site Evaluation

The Project Director and Lead Evaluator will be responsible for collaborating with CSAP for all cross-site evaluation requirements. This shall include attendance at cross-site evaluation conferences, participation in webinars, and other conferences. The Lead Evaluator will be responsible for data entered into the CSAP Prevention Management Reporting Tool (MRT), with the Project Director providing oversight and final approval. This shall include completion of the GLI, both parts of the CLI, PLI (if needed), and CO. Depending on decisions yet to be made at the state and community level, data may be entered directly into the MRT by sub-recipients or may be uploaded from the ODSS. If entered directly, the Lead Evaluator will provide training and ongoing TA to sub-recipient data entry staff on the MRT. If uploaded from the ODSS, the Lead Evaluator will ensure all uploaded data are aligned with the MRT.

Priority Areas

The Advisory Council identified two priority areas for the SPF SIG project:

- Reduce underage alcohol use (under age 21) and
- Reduce adult binge drinking (18 and over)

Preliminary analysis of state and community data provided by the SEW has already established baseline characteristics of the state and each funded county. These baseline characteristics were used to identify counties of greatest need and will continue to be used to document overall progress towards addressing the priority areas. Related consequence data, risk and protective factors, and intervening variables will also be monitored to assess the overall impact of SPF SIG efforts in Iowa. These variables will be monitored throughout the project, with feedback provided to the Advisory Council regularly as new data become available.

Evaluation Questions

The SPF SIG evaluation will use a multi-methods approach comprised of both process and outcome data to answer the following evaluation questions. The primary process evaluation question to be answered is: How well was the SPF process implemented at the state and county levels? Process data will be collected at the state and county levels to document all five steps of the SPF and to determine the degree to which project goals and objectives are met. Data will also be collected and analyzed to document implementation of this Strategic Plan, its' impact, and any deviations to the Plan. MRT data, particularly from the GLI and CLI, will be utilized to help answer this question. Other data sources and collection methods may include key informant interviews, document reviews, site visits and extraction and synthesis of data entered into the ODSS (See Table 5).

The two primary outcome evaluation questions to be answered are: 1) Were the priority areas positively impacted; and 2) were capacity and infrastructure strengthened at the state and county levels? The first question will be answered as new state and community level data become available, with comparisons made to data used to identify counties in the first place. GLI and CLI data will be used to help answer the second question, as well as document reviews and data provided by the funded counties.

Table 10: Evaluation Data – Environmental Strategies

	State	County
Process Evaluation	• GLI – part 1 • Document Review • ODSS • Key Informant Interviews	• CLI – part 1 • CLI – part 2 • ODSS • Key Informant Interviews
Outcome Evaluation	• GLI – part 2 • IYS (youth consumption) • BRFSS (adult binge drinking)	• IYS (youth consumption) • BRFSS (adult binge drinking) • Related Consequence

	• Related Consequence Data • Intervening Variables • Document Review (specific to selected strategies)	Data • Intervening Variables • Document Review (specific to selected strategies • Locally available data

Evaluation Steps Upon Approval of Strategic Plan

County-level data collection and monitoring of these measures will become more targeted after the completion of the Strategic Plan, selection of the SPF SIG sub-recipients, and completion of the needs assessments, as counties identify and define their target areas and strategies to implement. The strategies chosen will influence the evaluation, as different environmental strategies call for different data collection methods. The evaluation team, Project Team, sub-recipient staff, and local evaluator will collaborate in the identification of county-level outcomes and data collection methods.

The Project Team will be in charge of monitoring the county-level implementation of the SPF. The SEW will continue to review and report state-level data and will assist the county-level workgroups in monitoring data at the community level. Additional county-level data will be collected as counties identify their specific targets and implement their strategies. The ODSS will be instrumental in process evaluation throughout each step of the SPF. IDPH will provide training and technical assistance on utilizing the ODSS. Sub-recipients will also be required to complete reports using the Management Reporting Took (MRT).

The Consortium will conduct the overall evaluation of the SPF SIG project. Outcome data will be collected to determine if goals have been met on the performance measures in each domain. The evaluation will evolve as the SPF SIG project is implemented and the sub-recipients are introduced to the project and develop their plans. Local evaluation plans will include all appropriate measures to collect data required by SAMHSA CSAP as well as data required to measure progress toward specific substance abuse prevention goals as identified by IDPH and community assessment processes. To assist counties in obtaining information for their evaluation, an interactive Website presenting epidemiological data regarding indicators for Iowa counties, their ranking and the state will be developed by the Consortium.

NOMs

The SPF SIG project will submit required performance data and will be responsible for NOMs reporting. NOMs will be reported at the state and county levels, if applicable. The SPF SIG project staff will work with the sub-recipients to identify the NOMs they must report. All NOMs will be reported using CSAP measures and reporting methods. Sub-recipients will report county

and program-level NOMs, if applicable. For state or aggregate level reporting, the Consortium will compile data from all sources and provide analysis.

Additional Evaluation Activity – Development of Epidemiological Website

The Consortium has begun development of an epidemiological Website to provide data to assist local community members in the Assessment section of the SPF process. This Website has been developed to provide a wide range of data from a variety of sources on alcohol, tobacco, and illicit drugs. These data are available for Iowa, and most are available at the county level. Availability at the county level depends upon the source, sample size, and confidentiality rules. This site is intended for anyone, with a primary focus on the substance prevention coalitions and substance abuse providers of Iowa. The initial release of the Website will coincide with the announcement of county funding, with further improvements to continue throughout the SPF SIG project.

CROSS CUTTING COMPONENTS AND CHALLENGES

Cultural Competency

The Iowa Department of Public Health created an Office of Multicultural Health in 2001. The office was codified by the Iowa General Assembly in 2006. In 2010 by legislative amendment the name of the office was changed to the Office of Minority and Multicultural Health (OMMH). OMMH is located within the IDPH Division of Health Promotion and Chronic Disease Prevention. A 2007 strategic planning process resulted in identification of the OMMH mission as actively promoting and facilitation health equity for Iowa's multicultural communities. The strategic planning workgroup envisioned the State of Iowa as one where there will be 100% health care access and zero percent health disparity for Iowa's multicultural communities. (Multicultural is inclusive of those populations of racial/ethnic diverse ancestral heritage, refugees and immigrants) Iowa Administrative Code (IAC) was enacted in 2007 establishing that mission as the OMMH purpose. The IAC outlined the OMMH duties and established the Multicultural Health Advisory Council. The OMMH has worked with stakeholders and groups to address public awareness of health disparities, strengthening of leadership for addressing health disparities, improving cultural competency and improving health care outcomes and access. The Executive Director of Iowa's OMMH serves on the Iowa Strategic Prevention Framework State Incentive Grant Advisory Council, and continues to be a voice in IDPH sustainability and cultural competence initiatives. It is our intent that with the assistance of OMMH and the OMMH Advisory Council, we will develop innovative strategies and plans to make the SPF SIG more culturally aware and sensitive to the specific needs related to substance abuse, use, prevention and mental health and associated chronic diseases within Iowa's racial/ethnic, refugee and immigrant populations.

Iowa is a rural agricultural state bounded on the west by the Missouri River and on the east by the Mississippi River. According to the Iowa Fact Book published in 2009 by the Iowa Department of Public Health and the University of Iowa, and available online at www.idph.state.ia.us, the estimated Iowa population surpassed 3 million in 2008 and over 56% of the 3,002,555 lived in Metropolitan Statistical Area (MSA) counties. The distribution by age is different among the counties as well; the largest counties have a greater percentage of their population as young adults (15 – 44 years) compared to the smaller counties where there is a greater percentage of persons 65 years and older. Iowa's current data characteristics by race/ethnicity are White 94.2%, Black or African American 2.7%, Asian/Pacific Islander 1.6%, some other race or races 1.5% and Hispanic or Latino (of any race) 4.2%. Between 1990 and 2000, Iowa experienced a 97.4% increase in its minority population growth. Specifically, census data indicated a 47% increase in African-Americans, 46% increase in Native-Americans, 214% increase in Asian-Pacific Islanders, and 241% increase in the Hispanic-Latino population during this time period.

According to the State of Iowa data resource center, in 2008 nearly three-fourths of the total African American population lives in Polk, Scott, Black Hawk, Linn and Johnson counties. For Native Americans according to this same data source, there are three predominately American Indian areas in Iowa, which include the Omaha, the Sac and Fox/Meskwaki, and the Winnebago. The Sac and Fox/Meskwaki Settlement is the only one in Iowa with residents, totaling 669 in 2000.

Iowa continues to experience growth in our changing demographics. In 'New Americans, New Iowans" researchers Michelle Yehieli and Greg Welk from the University of Northern Iowa describe the new immigrant populations, in order to help all of us understand the transition that is taking place and what will be the future look of Iowans. They noted that the number of foreign born people in Iowa more than doubled between 1990 and 2005, so that by the end of that period over 103,000 foreign residents were now "new Iowans."

The population of Latino immigrants has increased dramatically throughout the rural Midwest. Although they share the census designation of "Hispanic origin" and often Spanish as a native language, Latino immigrants differ in ethnic and cultural identity, class background, and personal experiences. A personal identification with a particular state, or even a particular community, may be more important than identification with a country or with the broad categories of "Hispanic" or "Latino." Countries of origin for New Iowans include Mexico, Guatemala, El Salvador, Honduras, Puerto Rico, Peru, Argentina, Colombia, Brazil, and Venezuela. Newcomers include manual workers, college educated professionals; urban residents and farmers, men, women and children; and the very young and the elderly.

For decades, extremely low wages, poor working conditions, and lack of economic opportunities have been reasons Mexicans migrate to the United States. The National Population Council reports that migration between Mexico and the United States is "a permanent, structural

phenomenon… built on real factors, ranging from geography, economic inequality and integration and the intense relationship between the two countries (National Population Council Report, 2001)." Permanent settling of Mexican immigrants in Iowa is a recent phenomenon. The expansion of meatpacking facilities all over since the late 1980's has attracted Mexican immigrant wage laborers. In 2000, 70% of the production workers at the Swift and Company plant in Marshalltown were Latinos. Although many immigrants who work in meatpacking facilities are working-class individuals, Mexican production workers in many meatpacking plants are doctors, dentists, veterinarians and lawyers. These highly skilled individuals and many others like them cannot work in their own professions because they lack an expertise in English, they must acquire additional training, licensure, or education in the United States, or in some cases they arrived without the proper immigration or refugee documentation. More than three-fourths of new Latino immigrants in Iowa come from Mexico. Although these newcomers come from virtually every state in Mexico, most come from a few states located in west central Mexico, which include Michoacán, Jalisco, Guanajuato, San Luis Potosi, and Guerrero (Central Iowa Latino Labor Force Survey, Iowa Workforce Development, March 2001).

Some Latino newcomers are political refugees, who fled from Guatemala, Nicaragua and El Salvador during the revolutionary conflicts that occurred in these countries from the late 1970s through the early 1990s. The largest group of refugees is from Guatemala and many of them live in the greater Sioux City Area.

The number of newcomers in Iowa born in South America is small compared to other parts of Latin America, but growing. Most of these newcomers come from Brazil, Colombia, Peru, Ecuador and Argentina. For the most part, these newcomers are working in highly skilled jobs or they attended an Iowa college or university and took jobs in the state after graduating.

The largest number of African refugees in Iowa came from Sudan. Other smaller populations have arrived from Rwanda, Ethiopia, Sierra Leone, Nigeria, Congo, Chad, Togo, Ivory Cost, and Liberia (New America, New Iowans). The refugee status of most of Iowa's African newcomers is important. Refugees differ from immigrants because they are no longer able to live in their home countries.

Iowa has a proud history of welcoming Southeast Asian refugees. In 1975, Iowa was the first state to welcome thousands of refugees from Southeast Asian and since the 1970s, thousands have come here. Most Americans remember the so-called "boat people" of Vietnam, 600,000 who risked their lives on the open sea to escape the communist regime in Vietnam. In 1975, Iowa was the only state to open its arms to thousands of Tai Dam and other Lao, Khmer (Cambodian), and Hmong refugees who fled the aftermath of the Vietnam War to settle in the United States.

Issues of integration of new populations are most poignantly felt at the local level where people are leaning to live with people. It is at this point that issues of translation and culture rise to new

leaning and/or deteriorate to conflict. IDPH OMMH is committed to the development of regional minority coalitions to address the different issues that arise from different populations settling in different demographic areas. It is also committed to addressing and increasing the awareness of acculturation of not only the new influx of diversity but the awareness of the "culture of Iowa" and the residents that inhabit the state. At the regional and local levels, coalitions have the opportunity to not only identify the issues but also build strategies to address them. It is our intent to meet with the OMMH Advisory Council to inform them of the program activities, discuss related health disparities and begin to partner with OMMH initiatives.

The SPF SIG project will also work with OMMH to provide on-going in-service training modules that will be incorporated within the Advisory Council meetings. This strategy will hopefully enable the members, to become more aware of not only the diversity within the state, but enhance their individual and collective awareness of the specific and/or changing needs, resources, strategies and outreach that is needed from those in the substance abuse, use, prevention and awareness arenas of public health.

A subcommittee of the Advisory Council will be created to focus on cultural competency. This workgroup will assist in incorporating cultural competency into each SPF step at both the state and community levels as well as identifying issues to be addressed.

The Capacity Coaches will receive detailed training on providing cultural competent prevention services, including environmental strategies. Capacity Coaches will also be provided with resources to assist them in providing technical assistance to counties on this important issue.

Sustainability

Sustainability will be incorporated fully into the SPF SIG project. At the state level, the SPF SIG Advisory Council will consider sustainability issues throughout each year of the project. At the county level, sustainability will be incorporated into each of the SPF steps and training on this topic will be provided for sub-recipients. The SPF SIG project will require sub-recipients to complete and submit a sustainability plan which focuses on sustaining the outcomes from the project, matching strategies to resource development approaches and setting benchmarks for progress in achieving sustainability.

Challenges

There are a variety of challenges that may impact the progress of the SPF SIG project. These challenges include data and implementation.

Challenges Regarding Data

- Using state level data such as the BRFSS to generate stable estimates of consumption prevalence is problematic as certain counties have a small sample of survey participants
- Implementing new data systems and helping the state and sub-recipients analyze data as it relates to project improvement

Challenges Related to Implementation

- Meeting the training needs of sub-recipients with different levels of knowledge and experience
- Allocating adequate staff time at the state level to meet technical assistance needs at the county level
- Ensuring that cultural competency is fully addressed throughout the SPF steps
- Helping sub-recipients know the difference between SPF and other planning processes
- Sustaining environmental strategies
- Ensuring consistent monitoring procedures are in place to ensure non-duplication
- Accomplishing statewide priorities in addition to local changes

Timeline

The following timelines and milestones have been developed for implementing the activities in the Strategic Plan:

Key Activities and Project Milestones	***Responsible Staff/Group***	***Start Date***
Submit revised budget and response to application weaknesses	DeAnn Decker	7-09 to 8-09
Establish SPF SIG Advisory Council, including CSAP Project Officer	Kathy Stone	7-09 to 11-09 to 6-10
Project Director selection	DeAnn Decker	7-09 to 11-09
Assign key state staff including Project Coordinator, Epidemiologist, and Prevention Consultant	DeAnn Decker	8-09
IDPH – CRET Technical Assistance Plan	Julie Hibben, Debbie Synhorst, and Dr. Neal Holtan	9-09
SEOW meets and becomes the SEW	Dr. Ousmane Diallo, Debbie Synhorst	7-09
Establish Planning Committee	Kathy Stone	11-09
Establish Evidence-based Practice Workgroup	Debbie Synhorst, Cyndy Erickson (DOE)	2-10
Meet with new Project Officer	Lt. Jamila Davis and staff	3-10
SEW completed and validates the 2010 EPI Profile	Dr. Diallo and SEW	5-10

Key Activities and Project Milestones	***Responsible Staff/Group***	***Start Date***
Determine the SPF SIG priorities	Advisory Council	7-10
Define "community" for SPF SIG	Advisory Council	8-10
Determine planning model	Advisory Council	9-10
Rank counties by needs data for priorities	SEW	9-10
Determine allocation approach	Advisory Council	9-10
Draft Strategic Plan and distribute to coalitions and community prevention contractors for review	Staff and Advisory Council	9-10
Submit Carryover Request to CSAP	Julie Hibben	10-10
Submit Strategic Plan to CSAP	Julie Hibben	10-10
Establish Training Workgroup to develop Training Plan including designing trainings to match the SPF Steps	Julie Hibben	10-10
Develop Capacity Coaches RFP	Training Workgroup	10-10
Finalize Community Assessment Workbook	SEW	10-10
IDPH Prevention Conference	Staff	11-10
Create and enhance Epidemiological Website	Patrick McGovern	1-11
Capacity Coach RFP posted to IDPH Website	Julie Hibben	1-11
Provide Informational Webinar on SPF SIG project	Julie Hibben	3-11
Sent invitation letter to Comprehensive Substance Abuse Prevention Agency in 19 identified counties to participate in SPF SIG Project	Kathy Stone	3-11
Distribute Contract Amendment with Collaborative Agreement forms provided to Comprehensive Substance Abuse Prevention Agencies that agree to participate	Sherry Frizell	3-11

Key Activities and Project Milestones	***Responsible Staff/Group***	***Start Date***
Completed Contract Amendment and Collaborative Agreement due to Project Director	Julie Hibben	4-11
Select Capacity Coaches	Julie Hibben Training Workgroup	3-11
Develop and identify tools and system for monitoring and evaluation	Julie Hibben Patrick McGovern	3-11
Capacity Coaches attend Train the Trainer sessions	Julie Hibben Capacity Coaches Central RET	4-11
Fund SPF SIG counties	Kathy Stone	5-11
Kickoff event for funded counties	Project Team	5-11
Begin regional trainings on Assessment, Capacity and Strategic Planning SPF steps	Capacity Coaches	5-11
Form County Level Epidemiological Workgroups	Dr. Ousmane Diallo Debbie Synhorst	5-11
Conduct Readiness Assessment (Tri-Ethnic) with counties and providers	County EPI workgroup	5-11
Technical Assistance to funded counties	Capacity Coaches	5-11
Training on requested SPF issues	Julie Hibben Capacity Coaches	6-11
ODSS set up and training	Project Team	7-11
Begin regional training on Implementation step	Capacity Coaches	8-11
Initiate process monitoring collection and submission	Julie Hibben	9-11
County Strategic Plans submitted and reviewed	EBP Workgroup	10-11
Implement EBP, environmental programs and practices	Counties	12-11
Submit state and county level outcomes	Julie Hibben	Annually

Appendices

Appendix A

Iowa's SPF SIG Advisory Council Members	
Dennis Becker Program Administrator Governor's Traffic Safety Bureau	**Linda Phillips** Executive Director Siouxland CARES About Substance Abuse
Lt. Jamila Davis Project Officer Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP)	**Sgt. Greg Pliler** Drug Demand Reduction Administrator Iowa Counterdrug Task Force
Janice Edmunds-Wells Executive Officer Office of Multicultural Health Iowa Department of Public Health	**Deb Rohlfs** Prevention Supervisor Community and Family Resources
Kevin Frampton Director Division of Narcotics Enforcement Iowa Department of Public Safety	**Davis Runyon** Executive Director Helping Services for Northeast Iowa
Pastor Tammy Harris CEO and Founder Elpis Ministries	**Dr. Victoria Sharp** Clinical Professor of Urology and Family Medicine/Special Assistance to the Provost on Alcohol Safety University of Iowa Healthcare
Joanna Hodder Youth/State of Iowa Youth Advisory Council	**Kathy Stone** Advisory Council Chair Director and Single State Authority Division on Behavioral Health Iowa Department of Public Health
Martha McCormick Parent	**Eric Snyder** Ames Police Officer Ames Police Department
Jeanie McCarville Kerber Faculty Des Moines Area Community College	**Julie Shepard** Executive Director Iowa Behavioral Health Association
Maxwell McGee Youth/State of Iowa Youth Advisory Council	**Monica Wilke-Brown** Director of Community Services Employee & Family Resources
Steve Michael Executive Officer Iowa Department of Human Rights Division of Criminal and Juvenile Justice Planning	**Kelly Wooden** Drug Free Communities Grant Coordinator Boone County SAFE

State Epidemiological Workgroup Members	
Dr. Stephan Arndt Director Iowa Consortium for Substance Abuse Research and Evaluation	**Julie Hibben** SPF SIG Project Director Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health
Phyllis Blood Justice Systems Analyst Division of Criminal and Juvenile Justice Planning, Iowa Department of Human Rights	**Dr. Neal Holtan** Public Health Medical Advisor Central Regional Expert Team of CSAP's CAPT Minnesota Institute of Public Health
Katrina Carter-Larson Director of Substance Abuse Treatment Programs and Violator Program Coordinator Iowa Department of Corrections	**Linda McGinnis** Prevention Consultant Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health
DeAnn Decker Bureau Chief Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health	**Patrick McGovern** Program Evaluator Iowa Consortium for Substance Abuse Research and Evaluation
Dr. Ousmane Diallo Epidemiologist and SEW Chairperson Bureau Administration, Regulation and Licensure Division of Behavioral Health Iowa Department of Public Health	**Lettie Prell** Director of Research Iowa Department of Corrections
Janice Edmunds-Wells Executive Officer Office of Multicultural Health Iowa Department of Public Health	**Becky Swift** Assistant Director, Drug Demand Reduction Programs Governor's Office of Drug Control Policy
Cynthia Erickson Consultant, Safe and Drug-Free Schools/Learning Supports Bureau of Student and Family Support Services, Iowa Department of Education	**Debbie Synhorst** Prevention Consultant and SPF SIG Project Coordinator Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health

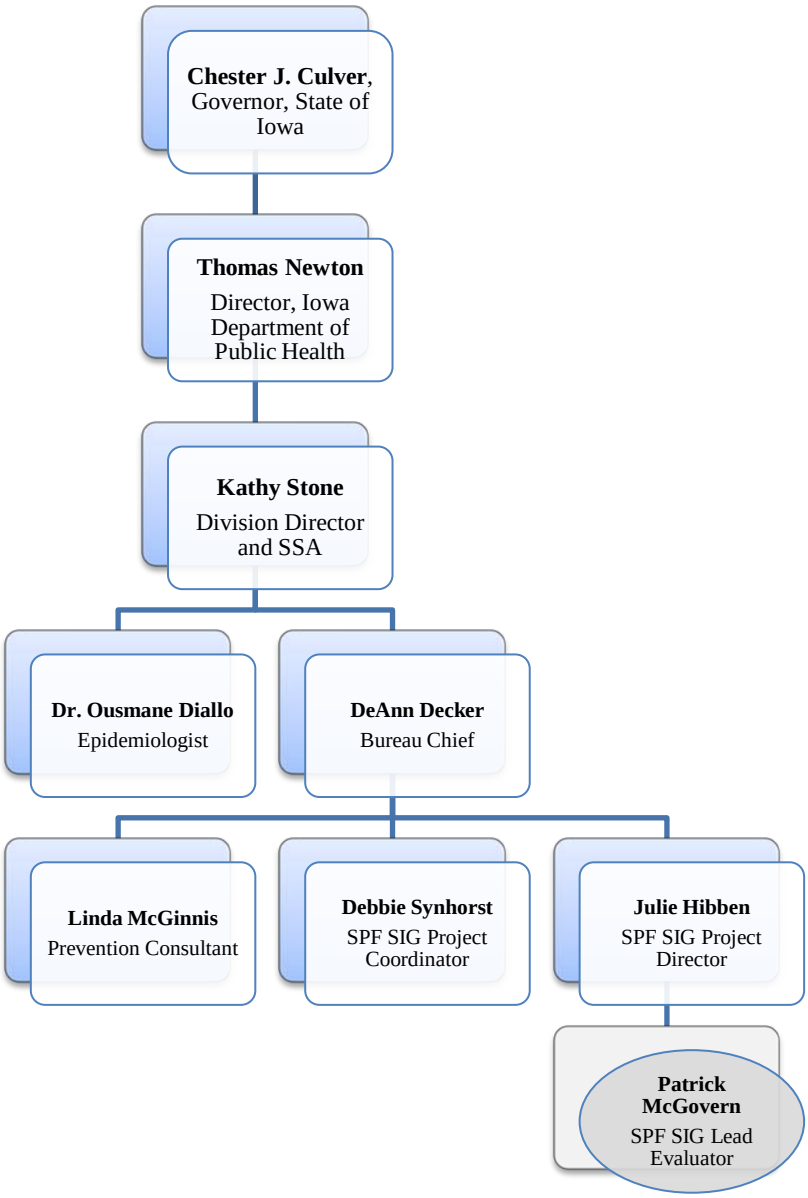
Evidence-Based Practice Workgroup Members	
SGT Brian Atkinson Drug Demand Reduction NCO Iowa Counterdrug Task Force	**Steve Michael** Executive Officer CJJP Iowa Department of Human Rights
Janice Edmunds-Wells Minority Health Liaison Iowa Department of Public Health	**Barbara Ohlund** Educational Program Consultant Iowa Department of Education
Cynthia Erickson Consultant, Safe and Drug-Free Schools/Learning Supports and Co-Chair Bureau of Student and Family Support Services, Iowa Department of Education	**Debbie Synhorst** Prevention Consultant/SPF SIG Project Coordinator and Co-Chair Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health
Julie Hibben SPF SIG Project Director Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health	**Jane Todey** Project Management Coordinator Partnership in Prevention Science Institute Iowa State University
Linda McGinnis Prevention Consultant Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health	**Kristin White** Evaluator Iowa Consortium for Substance Abuse Research and Evaluation
Patrick McGovern Program Evaluator Iowa Consortium for Substance Abuse Research and Evaluation	**Christine Wilson** Prevention Coordinator Johnston Middle School

Training Workgroup Members	
SGT Brian Atkinson Drug Demand Reduction NCO Iowa Counterdrug Task Force	**Sgt. Greg Pliler** Drug Demand Reduction Administrator Iowa Counterdrug Task Force
Julie Hibben SPF SIG Project Director and Chair Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health	**Debbie Synhorst** Prevention Consultant and SPF SIG Project Coordinator Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health
Jeanie McCarville Kerber Faculty Des Moines Area Community College	**Christine Wilson** Prevention Coordinator Johnston Middle School
Martha McCormick Parent	

SPF SIG Project Team	
DeAnn Decker Bureau Chief Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health	**Patrick McGovern** Program Evaluator Iowa Consortium for Substance Abuse Research and Evaluation
Dr. Ousmane Diallo Epidemiologist and SEW Chairperson Bureau Administration, Regulation and Licensure Division of Behavioral Health Iowa Department of Public Health	**Kathy Stone** Advisory Council Chair Director and Single State Authority Division of Behavioral Health Iowa Department of Public Health
Julie Hibben SPF SIG Project Director Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health	**Debbie Synhorst** Prevention Consultant and SPF SIG Project Coordinator Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health
Linda McGinnis Prevention Consultant Bureau of Substance Abuse Prevention and Treatment Division of Behavioral Health Iowa Department of Public Health	

Appendix B

Iowa's SPF SIG – Table of Organization



Appendix C

State of Iowa Epidemiological Profile

See attachment